

HIV PREVENTION PLANNING COUNCIL (HPPC)
Substance Use and HIV Risk
February 3, 2005
4:00 p.m. – 5:30 p.m.
25 Van Ness Avenue, 5th Floor Conference Room
San Francisco

AGENDA

Welcome and Announcements	DOCUMENTS DEPT.	4:00-4:10
Public Comment	JAN 28 2005	4:10-4:20
5/5	SAN FRANCISCO PUBLIC LIBRARY	4:20-4:30
05	01-25-00P00117 NOV	4:30-4:45
possible vote)		4:45-5:15
5		
Government Information Center San Francisco Public Library Larkin Street, 5th Floor San Francisco, CA 94102	co-chairs (possible vote)	5:15-5:25
REFERENCE BOOK		5:25-5:30
be taken from the Library		
meeting will be March 3 rd , 2005 4:00 p.m. – 5:30 p.m. s Avenue, 5 th Floor Conference Room		

NOTE: All meetings are open to the public and are held in handicapped accessible facilities. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

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Substance Use and HIV Risk
February 3, 2005
4:00 p.m. – 5:30 p.m.
25 Van Ness Avenue, 5th Floor Conference Room
San Francisco

AGENDA


- | | | |
|--|---------------------------------|-----------|
| 1. Welcome and Announcements | DOCUMENTS DEPT. | 4:00-4:10 |
| 2. Public Comment | JAN 28 2005 | 4:10-4:20 |
| 3. Report Back from Steering | SAN FRANCISCO
PUBLIC LIBRARY | 4:20-4:30 |
| 4. Review Notes from 1/13/05 | 01-28-05 02:17 RCW | 4:30-4:45 |
| 5. Discuss Scope of Work (possible vote) | | 4:45-5:15 |
| - Develop goals for 2005 | | |
| - Develop Timeline | | |
| 6. Elect Committee Chair/Co-chairs (possible vote) | | 5:15-5:25 |
| 7. Closure and Evaluation | | 5:25-5:30 |

Next meeting will be March 3rd, 2005
4:00 p.m. – 5:30 p.m.
25 Van Ness Avenue, 5th Floor Conference Room

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk
Action Minutes From Meeting:
February 03, 2005

DOCUMENTS DEPT.

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Members Present: William Bland, Dave Hook, Steven Gibson, Tom Kennedy, Derrick Mapp, Joani Marinoff, Kevin Mosley, John Newmeyer, Francis Salmeri, Steven Tierney

Members Absent: Janetta Johnson, and Frank Strona.

Professional Staff: Vincent Fuqua (HPS), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Interim Chair John Newmeyer call the meeting to order asked members to introduce themselves and make announcements.

- William Bland announced an August conference on meth-amphetamine and HIV in Utah
 - ⇒ Steven Tierney noted that among the publicized features of the conference is a performance by the Mormon Tabernacle Choir, which may indicate the political/cultural bent of the sponsors.

2. Public Comment

There was no public comment.

3. Report Back from Steering

Steven Gibson provided an update from the Steering Committee meeting 01/27/05, including the following.

- ⇒ The Substance Use & HIV Risk Committee's community members were confirmed: William Bland, Dave Hook, Kevin Mosley, and Francis Salmeri.
- ⇒ Concern was expressed that the Substance Use & HIV Risk Committee may not have equal representation of all groups and encouraged members to find ways to include the voices of those not represented by the committee's membership
- ⇒ A motion was approved effective for the 2005 Council term requiring all community members' participation in HPPC orientation.
 - This year community members are strongly encouraged to participation in the orientation.
 - Orientation/training sessions will take place in the near future and will be announced to all community members.
- In response to a question it was explained that people could still apply to join the committee as community members.
 - ⇒ Interested people should request an application from Betty Lew of the HPS at the AIDS Office and then the application will be submit it to the Steering Committee for approval.
 - ⇒ Steven Tierney noted that applicants might not be accepted as community members if their participation does not add to the committee's PIR.

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4. Review Notes from the 01/13/05 Meeting

Motion was made and seconded to approve the minutes of the 01/13/05 meeting. There were no objections. The minutes were approved by consensus.

5. Discuss Scope of Work

Allison distributed the document entitled, "*HPPC Substance Use Committee: Building a work plan and timeline*" a copy of which is available to absent members upon request. Discussion followed in accord with the document's topics, including the following.

Committee Goals

- Allison explained that the proposed goals were based on the members' initial brainstorm.
- Steven T explained the concept of logic modeling as a way to tell the story of how a program plans to reach a population to achieve a certain outcome.
 - ⇒ Allison added that logic models are just one tool used to visually represent information.
- John asked if the brainstorm should be considered complete, as not all members were present at the last meeting.
 - ⇒ Discussion followed and it was agreed to continue the brainstorm later in the agenda.

Motion was made and seconded to approve the Committee Goals first before continuing the brainstorm. There were no objections. The motion was approved by consensus.

Discussion of the Committee Goals followed, including the comments listed below.

Goal 1 - Proposal: "To refine the definition of substance use as a cofactor for HIV."

- ⇒ It is important to address how substance use can weaken the immune systems in People Living With HIV (PLWH).
- ⇒ Explore the connection between:
 - Substance use and Sexual Risk Behavior (SRB);
 - Treatment for substance abuse and its impact on SRB; and
 - Risk of HIV transmission as a direct result of drug use (including the use of needles).
- ⇒ Explore the role of legal vs. illegal substances on SRB.
- ⇒ Define the community norms of substance use.
- ⇒ Steven T noted that the goal's wording focuses on the bigger picture and allows for wide-ranging discussion.
- ⇒ Joani Marinoff suggested looking at what it would take to lower the prevalence among Injection Drug Users (IDUs) is current endemic, or sufficient to perpetuate current rates without significant growth or decline.
- ⇒ Derrick Mapp suggested that while there are several models addressing substance use, its role as a social lubricant and the resultant increase in SRB is what this committee needs to look into.
- ⇒ Joani suggested that it might be useful to break the term, '*Substance use*' into smaller categories such as: chemical use, chemical dependency, etc.

Motion was made and seconded to accept as Goal 1: "*To refine the definition of substance use as a cofactor for HIV.*" There were no objections. Goal 1 was accepted by consensus.

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Goal 2 - Proposal: "To develop a logic model that outlines how BRPs are affected by the impact of substance use on sexual behavior."

- ⇒ Steven T suggested Goal 2 be a way of developing models that effectively respond to and address the refined definition of substance use as a cofactor for HIV.
 - ⇒ Derrick said that people working in HIV prevention anecdotally know of groups of people at risk who do not necessarily fall neatly into the established BRPs.
 - He questioned the necessary criteria to use other such categories of at-risk people.
 - ⇒ Joani suggested that the scope of the model should include more than recommendations to DPH, and should also include state and federal agencies.
 - ⇒ Joani also noted that HIV and Substance Use prevention efforts have a lot in common.
 - ⇒ Allison suggested using the 2004 HIV Prevention Plan as a guide to developing models.
- Motion was made and seconded to accept as Goal 2 the amended wording: "*To develop models to outline how populations are affected by the impact of substance use on sexual behavior and HIV risk.*" There were no objections. Goal 2, as amended, was accepted by consensus.

Goal 3 - Proposal: "To examine funding regarding substance use and HIV prevention."

- ⇒ The committee members discussed the object of the proposed goal.
 - ⇒ It was agreed that the purpose of this goal would be to identify gaps in services.
- Motion was made and seconded to accept as Goal 3 the amended wording, "*To examine funding regarding substance use and HIV prevention in order to identify gaps in services.*" There were no objections. Goal 3, as amended, was accepted by consensus.

Goal 4 - Proposal: "To develop recommendations regarding issues not addressed in the Plan/RFP."

- ⇒ Steven T clarified that the Council is empowered to make recommendations regarding: Policies, Programs, and Funding.
- ⇒ In response to William Bland's request for clarification, discussion followed about the 2004 Plan and the RFP.
- ⇒ Steven T encouraged new members to acquaint themselves with these documents, adding that copies are available to members upon request.
- ⇒ It was suggested to add the wording, "*policy, program, and plan*" to the recommendations to be developed.
- ⇒ In response to Derrick Mapp's question, Steven T noted that the federal substance use program has a set aside for HIV prevention.
 - He added that the Steering Committee discussed this set-aside last year.
- ⇒ Derrick also asked about the Committee making recommendations regarding grants and other sources of funding.
 - Steven T said that such an exploration is probably beyond what the Committee reasonably could do.

Motion was made and seconded to accept as Goal 4 the amended wording, "*To develop policy, program and funding recommendations regarding issues not addressed in the Plan/RFP.*" There were no objections. Goal 4, as amended, was accepted by consensus.

Develop Timeline

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The proposed timeline was not discussed.

Continue Brainstorm from 01/13/05 Meeting (added to agenda)

Allison drew members' attention to the table entitled, "*Integration of Brainstorm Ideas Into Committee Goals*" on the handout. Discussion ensued including the following suggestions and comments by topic.

Context of Substance Use & HIV Risk

- ⇒ The Committee should examine the context in which substance use affects HIV risk.
 - There may not be a linear progression from substance use to sex to unsafe behavior.
 - The amount of SRB is influenced by experience, relationships, and other factors associated with both substance use and sexual behavior.
- ⇒ The Committee's exploration should include identifying factors that contribute to SRB and use of drugs: such as mental health, sociologic and economic factors.
- ⇒ Map the interrelations of factors.
- ⇒ It is difficult to examine either substance use or HIV risk separately and/or without understanding the individual's environment.
- ⇒ Substance use and HIV prevention should not be treated as separate or autonomous as they contribute to each other's prevalence.
- ⇒ Investigate developing and/or teaching people coping skills, because people often turn to substance use and/or SRB in response to crisis.
- ⇒ Explore both - how sex can lead to substance use and substance use can lead to sex.

Substance Users Other Than Active Addicts

- ⇒ Explore identifying or developing a means of teaching people who have stopped using substances - i.e., people in recovery programs - how to have satisfying, enjoyable, safe (healthy) sex while maintaining sobriety.
- ⇒ Look at addressing periodic/episodic/binge substance users.
 - Including users of alcohol, meth-amphetamine (Speed), Viagra, and other drugs.
- ⇒ There are many substance use interventions designed for "hard core addicts" but few, if any, for episodic/periodic/binge users.
- ⇒ Existing messages address either addicts or people who haven't as yet used substances; the middle ground of occasional users has been ignored.
- ⇒ Long time drug users have often developed survival skills that periodic users haven't.

Organizational Relationship

- ⇒ Look into the role of HIV focused organizations in addressing substance use - and substance use focussed organizations' role in HIV prevention.
- ⇒ It was noted that often when people say, "*Substance use treatment is HIV prevention*" they are really trying to justify using prevention money for treatment services

Those People New to SF, Substance Use, and/or Sexual Risk Behavior

- ⇒ Investigate mentoring the newly "*Out*" as well as establishing some sort of "*Welcome Wagon*" for the newly arrived and/or visitors.
- ⇒ Find ways to reach people new to drug use and provide them with harm reduction skills.

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- It was noted that because Hepatitis C (HVC) is more easily transmitted than HIV people new to IDU are likely to HVC seroconvert before they start employing harm reduction techniques such as needle exchange and works clean.
- ⇒ Look into reaching visitors to SF, particularly since The City is a circuit and holiday destination as well as having become a *Party & Ploy* center.
- ⇒ People new to SF are often introduced to drugs as a community norm.

Harm Reduction Models

- ⇒ Develop a Harm Reduction Model dealing with remaining safe while engaged in substance use and maintaining sobriety while engaged in sexual contact.

Reduction of IDU Incidence/Prevalence Rates

- ⇒ Investigate the barrier(s) to reducing incidence in the IDU population.
- ⇒ It was noted that this exploration could segway to examining HIV Incidence among African-American woman.

Policy Implications

- ⇒ Examine the policy implications of the relationship between substance use and HIV risk.
- ⇒ It was noted that there probably are interdepartmentally implications within the DPH.
- ⇒ Explore what recommendations could be made to Substance Use Division.

Next Step

Discussion followed regarding keeping the brainstorming open for review and finalization at the 03/03/05 meeting.

- ⇒ It was noted that the Committee needs to finalize the scope of its work so that its agenda can be dealt with over the next ten months.
- ⇒ It was suggested and agreed that:
 - Members should review the brainstorming summarized from the 01/13/05 meeting as well as those found in these notes; and
 - Submit changes and additions to John Newmeyer, Vincent Fuqua, or Allison Weston prior to the 03/03/05 meeting.
- ⇒ Steven T suggested members review the brainstorming list for priority, as not all the issues listed can be dealt with in the Committee's term.

6. Election of Co-Chairs

The members were provided with an overview of the duties shared among the Co-Chairs: facilitating meetings, planning with meeting with Allison and Vincent, and serving on the Steering Committee. Further explanation was provided including the following.

- ⇒ The Co-Chairs must be Council members - may not be community members.
- ⇒ All Committee members have a vote.
- ⇒ All Committee members may participate in presentations to the Council.
- ⇒ Community members are encouraged to, but do not have to, attend Council meetings.
- ⇒ The Committee usually has two Co-chairs.
- Volunteers to serve as Co-Chairs were requested.
 - ⇒ Joani Marinoff said that she could serve as a Co-Chair if the planning sessions could be handled by teleconference and if Steering Committee participation rotated.

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- ⇒ John Newmeyer volunteered.
- ⇒ Tom Kennedy was nominated.
 - Vincent noted that new Council members could serve as Co-Chair and cited a successful example from last year.
- Steven T suggested that all three be Co-Chairs, and that it could make a good team.
- It was also suggested that decisions about Steering Committee attendance should be handled among the elected Co-Chairs.

Motion made and seconded to elect Joani Marinoff, John Newmeyer and Tom Kennedy as Co-Chairs of the Committee. There was no further discussion. No objections were raised. The motion passed by a unanimous show of hands.

7. Closure and Evaluation

- Allison noted that the document distributed earlier, hopefully, would be the last handout not provided to members in advance of the Committee meetings.

The meeting adjourned at 6:30 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 03/03/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., 5TH FLOOR MEETING ROOM.*

Minutes were prepared by David Weinman and Allison Weston, and reviewed by Vincent Fuqua, Joani Marinoff, and Tom Kennedy.

HIV PREVENTION PLANNING COUNCIL (HPPC)
 Substance Use and HIV Risk Committee
 Thursday, March 3, 2005
 4:00 – 5:30 p.m.
 25 Van Ness Avenue, 5th Floor Conference Room
 San Francisco

AGENDA

- | | |
|--|-----------|
| 1. Welcome and Announcements | 4:00-4:10 |
| 2. Public Comment | 4:10-4:20 |
| 3. Review and approve minutes of February 3 | 4:20-4:25 |
| 4. Rules of Engagement/Orientation | 4:25-4:35 |
| 5. Report Back from Steering | 4:35-4:40 |
| 6. Discuss Scope of Work (possible vote) | 4:40-5:25 |
| <ul style="list-style-type: none"> - Narrowing the topics down (10) - Prioritize the topics (10) - Develop objectives from goals (15) - Develop timeline for 2005 (10) | |
| 7. Closure and Evaluation | 5:25-5:30 |

DOCUMENTS DEPT.

FEB 28 2005

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02-23-05 P03:57 RCY

Next meeting will be April 7, 2005

4:00 – 5:30 p.m.

25 Van Ness Avenue, Suite 330A

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Substance Use and HIV Risk
Action Minutes From Meeting:
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Members Present: William Bland, Steven Gibson, Janetta Johnson, Tom Kennedy, Derrick Mapp, Joani Marinoff, John Newmeyer, Francis Salmeri, Frank Strona, and Steven Tierney.

Members Absent: Dave Hook and Kevin Mosley.

Professional Staff: Vincent Fuqua (HPS), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Co-Chair Joani Marinoff called the meeting at 4:05 PM. She asked attendees to introduce themselves and make announcements. The icebreaker was for each attendee to say what sort of energy they were bringing to the meeting.

- Vincent Fuqua announced that Dave Hook said that he would not be in attendance.

2. Public Comment

There was no public comment.

3. Review and approve minutes of February 3

Motion was made and seconded to accept the minutes of the meeting 02/03/05.

- Note taker, David Weinman, pointed out the error in the time of the next meeting read, "5:00 PM to 6:30 PM..." but should read, "4:00 to 5:30 PM..."

There were no other changes or corrections. No objections were raised. The minutes were approved as corrected.

4. Rules of Engagement/Orientation

Vincent distributed the document entitled, "*Principles of Respectful Engagement*," copies of which are available to absent members upon request. He then reviewed the document and the Committee discussed the provisions including the following (listed in the document's sequence).

- *Decide Through Consensus* - Joani introduced the discussion of consensus by explaining that it doesn't mean that every member agrees in all particulars, but that members can "*live with*" the decision.
 - ⇒ She cited her experience in another committee where members signaled opinion with:
 - Thumbs up - Agreement with the proposal;
 - Thumbs sideways - Can live with the proposal; and
 - Thumbs down -- Significant objection/opposition to the proposal.

Joani invited other comments and suggestions. Some discussion followed with an indication of general acceptance and understanding of consensus.

- *Watch Communications Needs* - in response to Francis Salmeri's question Steven Tierney explained that this includes compliance with the principles of Parity, Inclusion, and Representation (PIR) and being sure that what is said is understood by other members.
- *Call the Process* - in response to Francis question Steven T explained that this means that the HPPC follows established procedures.

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A discussion followed describing the roles the Committee personnel.

- Professional Staff— Vincent explained that each committee includes a member of the HIV Prevention Section (HPS) who provide support including the following:
 - Coordination between members, DPH, and the Consultants, such as Allison Weston;
 - Working with the Committee Co-Chairs and Consultant(s) in preparing meeting agendas, as well as checking and distributing minutes;
 - Ensuring meeting and presentation facilities are available; and
 - Answering members' questions/address their concerns.
- Co-Chairs - Joani and Tom Kennedy provided an overview of the Co-Chairs role including the following:
 - Facilitating meetings;
 - Representing the Committee at the Steering Committee; and
 - Working with the Consultant(s) and Professional Staff to set the meeting agendas, check the minutes, and prepare presentations.
 - ⇒ This Committee has three Co-Chairs who have agreed to share the duties as follows:
 - John Newmeyer will represent the Committee at the Steering Committee;
 - Joani Marinoff will facilitate Committee meetings; and
 - Tom Kennedy will provide backup for both as well as have responsibility for the Committee's paperwork.
- Consultant - Allison explained her role as follows:
 - Helps the Committee reach its goals;
 - Collects, assembles and provides information/data requested by the Committee's Action Plan; and
 - Prepares documentation and presentations to fulfill the Committee's Scope of Work.

She also explained that primarily she is an observer at meetings and that her role is taking members' input and applying it to the Committee's agreed upon objectives. She invited members to contact her directly with questions, and to request drafts of documents.

 - She also provided some background regarding Harder & Company.
 - ⇒ Joani pointed out that Allison had put together the document to be discussed later in the agenda.
- Minute Taker - David explained that the minutes he takes at meetings are reviewed by the Co-Chairs and Professional Staff and then distributed to members for review and approval. Joani summarized by explaining that the Committee's role is to recommend research, prioritize funding, and to form policy.

5. Report Back from Steering

John and Tom reported on the Steering Committee Meeting 02/24/05, including the following.

- ⇒ New Attendance Policy was discussed.
 - It allows four total absences, with no more than three consecutive absences from Council and/or Committee meetings.
 - Absences exceeding those permitted result in either the member leaving the Council, or moving to Emeritus status (no voting privilege).
 - The Council will review the proposed policy at the 3/10/05 meeting.

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- ⇒ March Council Meeting will focus largely on the Drug-Resistant HIV Strain; including how much of the buzz is hype and/or fact.
- ⇒ Committee Objectives - each committee is to submit for review and approval two objectives for its 2005 Scope of Work at the 03/24/05 Steering Committee meeting.

(Please Note: There was discussion at several points in the agenda regarding if the Committee's "Goals" is what the Steering Committee requested and termed, "Objectives.")

- Allison noted that this committee had already agreed to three Goals for the year and so is actually operating somewhat ahead of other Committees, adding:
 - ⇒ At this meeting the Committee should narrow its list of proposed objectives; and
 - ⇒ The Goals established will be reported to Steering Committee at the 03/24/05 meeting.
- Janetta Johnson asked about community attendance at Committee meetings.
 - ⇒ It was pointed out that the public is welcomed at all HPPC meetings.

6. Discuss Scope of Work

Joani drew the attendee's attention to the document entitled, "*HPPC Substance Use Committee: Draft Work Plan and Timeline - March 3, 2005*," which was distributed in advance of the meeting to all members. She highlighted the list included on page 2 of that document entitled, "*Integration of Brainstorm Ideas into Committee Goals*" (the Objectives). She pointed out that the Committee could not accomplish everything and so proposed proceeding as follows:

- ⇒ Narrow the Objectives from the current 18 to a more workable 10;
- ⇒ Prioritize dealing with the Objectives; and
- ⇒ Create a timeline to address the prioritized Objectives.

For clarity's sake the Objectives were numbered 1 - 18 as listed. (Please note that there are two Objectives [14 & 15] under the subtitle, "*Harm Reduction Models*" although they are missing the intervening underline.) Discussion followed.

- Derrick Mapp pointed out that the neither the Goals nor Objectives as laid out in the document are prioritized.
- Allison reminded the Committee that it agreed to the four goals at its last meeting.
 - ⇒ Objectives outside the purview of the Committee's four goals would not be addressed by this Committee, however, members might wish to send such ideas to either the Steering Committee or to another committee for consideration.

Narrowing the topics down

The Committee proceeded to review the list of suggested Objectives. Each member voted for the three issues they found most important. The results of that polling were:

#	Description	Votes
1	Provide information on non-injection routes of administration and their link to HIV risk	1
2	The context in which specific substances that we choose to identify affects HIV risk behavior	0
3	Recovery and relapse cycles triggered by contextual factors in people's lives: sexual issues, lack of coping skills in response to crisis.	2
4	Create distinctions within IDU BRP- to reflect how risk is both sex and IDU	2
5	Look at poppers	0
6	Create recommendations to address Party and Play and the internet	2
7	Investigate the barrier(s) to reducing incidence in the IDU population.	3
8	Funding issues for substance use treatment as part of HIV prevention and care interventions	2

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9	Help to integrate substance abuse services into existing HIV Prevention Programs.	3
10	Draft statement supporting how Substance use and HIV prevention should not be treated as separate or autonomous as they contribute to each other's prevalence.	(combined)
11	Focus efforts on the newly "Out" as well as establishing some sort of "Welcome Wagon" for the newly arrived and/or visitors. People new to SF are often introduced to drugs as a community norm. *Can be deferred to another committee (does not fit into our work plan)	2
12	Find ways to reach people new to drug use and provide them with harm reduction skills. It was noted that because Hepatitis C (HVC) is more easily transmitted than HIV people new to IDU are likely to HVC seroconvert before they start employing harm reduction techniques such as needle exchange and works clean.	0
13	Look into reaching visitors to SF, particularly since The City is a circuit and holiday destination as well as having become a <i>Party & Play</i> center.	0
14	Develop a Harm Reduction Model dealing with remaining safe while engaged in substance use and maintaining sobriety while engaged in sexual contact.	2
15	Developing a means of teaching people who have stopped using substances – i.e., people in recovery programs – how to have satisfying, enjoyable, safe (healthy) sex while maintaining sobriety.	4
16	Ensure that interventions target spectrum of substance use from "hard core addicts" to episodic/periodic/binge users; .Addressing periodic/episodic/binge substance users. Including users of alcohol, methamphetamine (Speed), Viagra, and other drugs.	4
17	Examine the policy implications of the relationship between substance use and HIV risk. The Committee's exploration should include identifying factors that contribute to SRB and use of drugs; such as mental health, sociologic and economic factors.	3
18	Explore what recommendations could be made to Substance Use Division.	0

The poll by issue showed this result (from highest to lowest vote count):

# Votes	Objective/ Topic	Brief Description
4	15	Safe sex while maintaining sobriety/in recovery
3	9/10	Integrate Substance Use & HIV prevention
3	3	Relapse cycles' impact on substance use & sexual risk
3	7	Reduce incidence among IDU
3	16	Address whole spectrum of use(s)
2	4	BRP distinctions
2	6	Party n Play/Internet use & HIV risk
2	8	Funding substance use as part of HIV prevention
2	11	People new to SF
2	14	Harm Reduction - remaining safe while using
2	17	Policy implications - Substance Use & HIV risk
1	1	Non-IDU substance use & HIV risk
1	18	Recommendations to Substance Use Division
30		

Discussion followed referencing the objectives by number, as above.

- William asked if numbers 15 and 16 are within HPPC's purview.
 - ⇒ Joani and Frank explained that the role of the Committee would not be to develop programs/interventions but to recommend funding priorities thereby encouraging providers to develop and execute programs.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: March 03, 2005

- Derrick suggested some of the objectives could be collapsed without losing the Committee's intent to address the issue.
 - ⇒ Joani warned against making objectives too generalized.
- Allison said that part of the overall intent is ensuring that funding is sufficient to the issues identified.
- Joani noted that Goal 3 (To examine funding regarding substance use and HIV prevention in order to identify gaps in services) may include recommending that programs, policies, or procedures be developed as action steps.
 - ⇒ William and Allison cited the possibility of recommending that HIV prevention programs that don't target Substance Use be encouraged to address it.

Combining Objectives/Topics

Joani noted that 12 objectives were highlighted, and suggested the list be further reduced. Tom added that the Committee doesn't have to do everything on the list. Discussion followed including these recommended combinations:

- ⇒ 8 (Funding substance use as part of HIV prevention) and 17 (Policy implications - Substance Use & HIV risk);
- ⇒ 8, 9 & 10 (Integrate Substance Use & HIV prevention)
- ⇒ 8, 9 & 10 with 17 (Policy implications - Substance Use & HIV risk).
 - John added that this is a context in which things can be built upon.

Grouping Objectives/Topics

The Committee then discussed putting the Objectives into groups, as follows:

Policy Issues (#17 Policy implications - Substance Use & HIV risk)	
8	Funding substance use as part of HIV prevention
9/10	Integrate Substance Use & HIV prevention
BRP Organization (#4 BRP distinctions)	
1	Non-IDU substance use & HIV risk
6	Party n Play/Internet use & HIV risk
11	People new to SF
15	Safe sex while maintaining sobriety/in recovery
16	Address whole spectrum of use(s)
3	Relapse cycles' impact on substance use & sexual risk
Stand Alone Objectives / Objectives involving Investigation	
7	Reduce incidence among IDU
14	Harm Reduction - remaining safe while using
15	Safe sex while maintaining sobriety/in recovery

Discussion followed.

- ⇒ There was discussion as to what Objective 14 would encompass including developing a model, identifying existing models, and ensuring sufficient funding,
- ⇒ Tom suggested Objectives 14 and 15 might also be included in the first group of Policy Issues along with 8 and 9/10.
- ⇒ Frank suggested that Objective 14 could be in the Policy Issues group and should recommend scientifically sound programs and interventions.

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- He cautioned against using "*Harm Reduction*" in policy statements.
- ⇒ Derrick added that when dealing with sexual activities "*Harm Reduction*" is "*Risk Reduction*".
- ⇒ William asked if the Committee's work could go to the level of specificity of what would constitute an effective program.
 - He added that if so 14 and 15 should be separate action items.
- ⇒ Joani suggested the Committee agree that three groups listed are its "Objectives."
- ⇒ Steve G said that the groups Policy and BRP Distinction summarize the topics listed under them, but that items 14 and 15 may be their own group and 7 stands alone.
- ⇒ Derrick suggested collapsing 14, 15, and 7 as "Research."
- ⇒ Steve G noted that 14 and 15 may entail more than just research and expressed concern of making the group too general.

Process

- ⇒ Joani suggested narrowing the top five Objectives/Topics vote-getters to three by conducting another vote.
 - ⇒ Steve G expressed concern that this process doesn't take into account the value of the whole brainstorming process.
 - He added that if the Committee didn't need to force the decision then it shouldn't.
 - ⇒ William suggested that the five top vote-getters could be put into a context of groups: Policy, BRP Distinction, and Harm Reduction.
 - ⇒ Steve G said that the Objectives/Topics discussed might not be of equal importance to the overall picture.
 - * He added that he feels strongest about 4 (BRP distinction) because the current BRPs structure limits exploration of Substance Use to IDU which may not be the most significant factor, or prominent Substance cofactor.
 - In response to Frank's question, Steve G indicated that one of the things that should be looked at would be changing the BRP's Tier structure.
 - Steve G noted that restructuring the Tiers could be started but couldn't be completed one year.
 - ⇒ Joani noted that reexamining the BRP structure in relationship to IDU/Non-IDU might reshape a lot of the other issues.
 - ⇒ Frank noted that 4 might also be viewed as an outcome, whereas the rest of the Objectives/Topics are tasks.
- Discussion followed as to whether the previously agreed upon four Goals are the Objectives the Steering Committee needs to review at its 03/24/05 meeting.
- ⇒ Allison explained that the Draft Work Plan's "*Goals*" are the same as what the Steering Committee is calling "*Objectives*."
 - She also drew members' attention to the year's calendar, that it has until October (six months) to put together a plan and submit it to the Council for review.

Prioritize the topics (10)

Joani suggested assigning priority to the identified Objectives/Topics by conducting a poll in which each member would have two votes. The results are as follows.

HIV PREVENTION PLANNING COUNCIL (HPPC)

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Objective/ Topic	Description	Vote Tally
7	Reduce incidence among IDU	3
16	Address whole spectrum of use(s)	5
15	Safe sex while maintaining sobriety/in recovery	4
17	Policy implications - Substance Use & HIV risk	5
9/10	Integrate Substance Use & HIV prevention	3

- Jaani suggested that that 16 is implicit Goal 1 (To refine the definition of substance use as a cofactor for HIV).
 - Allisan noted that the Committee was having difficulty reducing this list and suggested the Committee's leadership (the Co-Chairs, Professional Staff, and Consultant) came up with a proposal for organizing the Objectives from the discussion.
 - ⇒ The Committee's leadership's proposal, she continued, would be sent to members during the following next week for comment and review.
 - ⇒ The whole Committee could then finalize the organization at its 04/07/05 meeting.
 - Vincent noted that members are encouraged to provide email feedback to the proposal.
 - Jaani said that members need to keep up the spirit of compromise.
- Jaani asked for show of thumbs on Allison's suggestion. The proposal was accepted by consensus.

7. Closure and Evaluation

Vincent reminded members about the evaluation Zoomerang.

The meeting adjourned at 5:25 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 04/07/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua, Allisan Weston, Jaani Marinaff, and Jahn Newmeyer.

HIV PREVENTION PLANNING COUNCIL (HPPC)**Substance Use and HIV Risk Committee**

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Thursday, April 7, 2005

APR - 4 2005

4:00 - 5:30 p.m.**25 Van Ness Avenue, Room 330A**SAN FRANCISCO
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- | | |
|--|-----------|
| 1. Welcome and Announcements | 4:00-4:10 |
| 2. Public Comment | 4:10-4:20 |
| 3. Review and Approve Minutes of March 3 | 4:20-4:25 |
| 4. Report Back from Steering | 4:25-4:35 |
| 5. Update Work Plan/Timeline (possible vote) | 4:35-4:45 |
| 6. Review Language in Current Prevention Plan and Data Regarding Substance Use and HIV | 4:45-4:55 |
| 7. Presentation/Discussion on Link Between HIV and Substance Use | 4:55-5:15 |
| 8. Preparation for Next Meeting | 5:15-5:25 |
| 9. Closure and Evaluation | 5:25-5:30 |

**Next meeting will be May 5, 2005, 4:00 - 5:30 p.m.
25 Van Ness Avenue, Suite 330A**

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk
Action Minutes From Meeting:
April 07, 2005

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Members Present: William Bland, Dave Hook, Steven Gibson, Janetta Johnson, Tom Kennedy, Derrick Mapp, Kevin Mosley, John Newmeyer, Gwen Smith, Frank Strona, and Steven Tierney.

Members Absent: Joani Marinoff and Francis Salmeri.

Professional Staff: Vincent Fuqua (HPS), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Co-Chair John Newmeyer called the meeting at 4:09 PM. He asked attendees to introduce themselves and make announcements.

- It was announced that Francis Salmeri and Joani Marinoff had both provided notification that they would not be able to attend this meeting.
- Janetta Johnson announced that she was pleased to report that she has accepted a position with TARC as the Transgender Service Specialist and is, therefore, no longer with Walden House.
 - ⇒ The attendees congratulated her with applause.
- Steven Tierney announced that letters regarding the new RFPs were being distributed by fax for receipt by applying agencies for start of business 04/08/05.
 - ⇒ He pointed out that the AIDS Office does not handle this part of the process.

2. Public Comment

There was no public comment.

3. Review and approve minutes of March 3

Motion was made to accept the minutes of the meeting 03/03/05. No comments or correction were offered. The minutes were approved without objection. Gwen Smith abstained.

4. Report Back from Steering

John provided an overview of topics discussed at the 03/24/05 meeting including the following.

- Use of a Unique Client Code in the Performance Evaluation Measurement System (PEMS).
- HIV testing issues will be discussed at the April HPPC meeting (04/14/05).
- Team Building training will be held in lieu of the May HPPC meeting (05/12/05).
- Chandra Sivakumar's application for participation as a Community Member was accepted.

5. Update Work Plan/Timeline

Allison Weston drew members' attention to the document previously distributed by email entitled, "*HPPC Substance Use Committee: Work Plan and Timeline April 4, 2005*" (the Work Plan). She provided explanation including the following.

- The Work Plan is a result of consultation between Allison, HPS and the three Co-Chairs.
- The term, "*HIV Risk*" has been replaced with, "*getting, giving, and neglecting HIV*."

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk

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- The issues identified and discussed at the Committee's 03/03/05 meeting have been integrated into the Work Plan.
- The Work Plan is divided into alphanumeric tasks corresponding to the proposed Timeline. Discussion followed, including the following (organized by topic).

Getting, Giving, and Neglecting HIV

- Steve Gibson said that the phrase seems awkward.
 - He also expressed concern with how "*Neglecting HIV*" could be interpreted.
 - ⇒ John responded that "*Neglecting HIV*" is intended to refer to people not paying attention to health issues due to substance use.
 - John noted that there has been discussion of this aspect of substance use as an HIV cofactor for several years.
 - William Bland asked what the difficulty was with the term "*HIV Risk*."
 - Tom Kennedy observed that substance use has an impact on people's entire life in ways that both directly and indirectly contribute to HIV risk.
 - John explained that the idea was to have a wide rather than a narrow definition of substance use's impact on HIV.
 - Janetta suggested finding better wording that "*Neglecting HIV*," one that applies across all BRPs.
 - Steve G. proposed changing the phrase "getting, giving, and neglecting HIV" to "HIV transmission and other health consequences for HIV-infected and uninfected individuals"
- Several other wording alternatives were discussed and it was agreed that Tom and Steve G would collaborate outside of the meeting to develop appropriate wording.

Serostatus Factor

- Tom Kennedy suggested that drug use impacts HIV (+) people's ability to take care of themselves; adding that when Viral Load goes up people are more infectious.
- Steve G noted that neglecting one's health has HIV consequence regardless of serostatus.
- Steven T explained that while Prevention with Positives (PWP) is a primary focus, the tie-in between substance use and PWP presents a particularly good opportunity for intervention.
- Steven T noted that prevention has always focused on IDU, but injecting isn't the only risk associated with substance use risk.
 - ⇒ He pointed out that people simply don't make good decisions while using drugs.
- Janetta said that substance use affects both HIV (+) and (-).

Scope of Work

- Derrick Mapp noted an article about a recent study that found alcohol promoted HIV transmission among sampled laboratory cultures.
- Steve G suggested that some of the issues listed in Phase II of the Work Plan seem to be outside of the Committee's purview.
 - In way of example he cited the Task # 2a (Draft list of important substance-use related interventions to be funded).
 - ⇒ Tom explained that the idea was to generate a list of ways substance use and HIV prevention efforts could be integrated.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk

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- ⇒ Allison pointed out that the tasks listed came from the Committee's brainstorming and suggested wording them as Action Items in the final draft.
- Steven T provided an overview of Committees' functions as including recommending to the Council courses of action regarding funding, research, or health policy.
- William asked about the intent of Task #2b.
 - ⇒ Discussion followed about the potential value of collaborating with substance use related activities.
- William asked for an explanation of "*Visual models*" contemplated in Phase 1.
 - ⇒ Allison explained that it would be a means of visually representing the interaction between substance use and HIV prevention activities.
- Tom suggested the Work Plan be redrafted incorporating the changes discussed for the Committee's review at its 05/05/05 meeting.
- Frank suggested approving the Work Plan with the provision that it will be reworded as per the discussion.

Motion made to accept the Work Plan as amended by the Committee's discussion. There was no further discussion. The motion was approved without objection or abstention.

- John noted that he has some word-smithing issues that he will relay to Allison.

6. Review Language in Current Prevention Plan and Data Regarding Substance Use and HIV

- Allison suggested members review the "*2004 San Francisco HIV Prevention Plan*" (the 2004 Plan), noting however that it can be difficult to download from the Internet. She explained that work is being done to correct the web version's technical difficulties. It was also pointed out that printed copies of the Plan have been made available. Tom explained that the Committee Co-Chairs discussed reworking the substance use part of the Plan.
- Dave Hook suggested, and there was general agreement, that the objective of revisiting the Plan should be to explore how substance use affects HIV prevention.
 - Tom noted that one of the objectives of the Committee is to define substance use as HIV risk cofactor.
 - ⇒ He observed that there is no comprehensive definition of substance use in the Plan that incorporates the full spectrum of types and uses, or how drug use affects behavior.
 - He expressed surprise that the 2004 Plan has Poppers at the top of its list of drugs that impact risk behavior.
 - ⇒ He cited as an example of the unexplored relationship between substance use and HIV risk in the 2004 Plan that HIV (+) men often don't take care of their health when they are actively using.
 - ⇒ He suggested that the Committee may recommend adjusting the BRPs to include people that are using substances in ways other than injection (IDU).
 - ⇒ He proposed the Committee review what is included in the 2004 Plan and determine if it is sufficient to the situation as the members currently understand it.
 - Steve G explained his recollection that the substances listed in the 2004 Plan were listed by then available data.
 - ⇒ He also questioned if the need is for word-smithing or changing/enlarging the BRPs.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: April 07, 2005

- William suggested the Committee make note the difficulties it finds in the 2004 Plan and come back to it when the whole definition of substance use is worked out.
 - ⇒ He added that the Committee might later conclude it is, or isn't, appropriate to recommend changing the BRPs.
- John suggested that the 2004 Plan is a guide to service provider but that he finds the current chapter particularly insufficient in providing guidance regarding:
 - ⇒ The relationship between substance use and progression of HIV disease; and
 - ⇒ Examination of the full spectrum of substances and the various ways they are used.
- Frank suggested that after the Committee has reviewed newly available data it would be better able to address any deficiencies in the 2004 Plan.
 - ⇒ He noted that ultimately this may, or may not, involve a rewrite of the Chapter.

7. Presentation/Discussion on Link Between HIV and Substance Use.

Allison proposed that after reviewing what is included in the 2004 Plan the Committee look at available new data. John explained that the Co-Chairs asked Allison to assemble an inventory of new research.

List of Available Research

Allison distributed the document entitled, "*Summary of Journal Articles: Meth Use among MSM*" (the Summary Document), copies of which are available to absent members upon request. She provided explanation including the following.

- ⇒ The Summary Document focuses solely on use of Methamphetamines.
- ⇒ It is provided as an example of how data could be presented.
- ⇒ She has gathered about 30 articles covering a range of substance use.
 - Nonetheless, what she has collected thus far relates mostly to MSM and includes longitudinal studies, articles referring to studies, and as well as analysis.
 - She suggested including the article Derrick had cited regarding alcohol.
- ⇒ The recommendations cited in the Summary Document are the researchers', not hers.
- ⇒ Her criterion was that the research was reported since the writing of the 2004 Plan.
- Derrick noted that some relevant research might not be specific to HIV prevention.
 - ⇒ He cited recent research on the casual use of Ecstasy's impact on behavior.
 - ⇒ He added that he hopes this, and other such, will be included.
- Steve G noted that to determine relevancy the Council came up with a short list of criteria to be applied to research.
 - ⇒ He asked note-taker David Weinman if the definition of relevant studies from the 2003 Plan Policy Committee could be included in the Committee's notes.

The following is provided as per request, and is extracted from the 2003 Plan Policy Committee's presentation to the Council 06/12/03:

- "... relevant studies (are) conducted in San Francisco ..."
- "This evidence may be qualitative or quantitative. The data must have been collected from a broad range of subjects (i.e., not just one agency's clients). The data collection must have been completed since the beginning of 1997.*"
- "*If no relevant or local studies have been completed since 1997, earlier studies or national studies may be considered if relevance to San Francisco's current epidemic can be established"

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- William asked if the objective is to come up with a comprehensive list of available research, or to understanding the impact of substance use on HIV.
- Tom noted that reviewing and sharing available research would highlight what might be missing in the 2004 Plan.
- Frank pointed out that available research should not be expected to provide data on all aspects of substance use's link with HIV and that the Committee should expect to partly rely members' own experience.
- John commented that the Summary Document is what is needed, but that ultimately the Committee may need to assemble a list of what is not being researched.

Process

- Frank suggested that each member take one or two studies and write a brief (one paragraph?) synopsis for the whole Committee.
 - ⇒ He added that an advantage of this approach is that it would promote members having a similar understanding of the topic, which would aid them in supporting each other.
- John followed up by suggesting Allison compile 30 or so, relevant articles/studies and randomly distribute one or two to each member for review and synopsis.
 - ⇒ He noted that he regularly reviews and summarizes research for the staff at the Haight-Ashbury Clinic and volunteered to take more than two, if need be.
- John suggested that some particularly relevant research could be followed up upon with local researchers.
- Steve G suggested compiling a list of research with less detail than the Summary Document, distribute it to the Committee and let members select what they want to review and report.
- William suggested that there might not be enough time to report on all studies, discuss and understand in a single meeting.
 - ⇒ Allison suggested spreading the reporting over several meetings to coincide with discussions of the definition of Substance Use's link with HIV Risk.
- Dave suggested members' reports focus on how to incorporate the article/study's findings in the Committee's recommendations.
- Steve G suggested Allison develop a template for members' reporting, including recommending standard questions to be addressed.
- John proposed future meetings focus on the following:
 - ⇒ 05/05/05 - identifying the issues;
 - ⇒ 06/02/05 - synthesizing members' findings; and
 - ⇒ 07/07/05 - determining gaps in research/data.

The Committee agreed to proceed as follows:

- ⇒ Allison to distribute to members an inventory of about 30 articles/studies by 04/13/05;
- ⇒ Members choose one or two articles/studies to review and report on
 - Distribution on a first-come first-choice basis;
- ⇒ Members should be prepare to discuss the articles at the May and June meeting
- ⇒ Allison to serve as "Gate Keeper."

8. Closure and Evaluation

Vincent reminded members about the evaluation Zoomerang.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk
Action Minutes From Meeting:
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The meeting adjourned at 5:29 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 04/07/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua, Tom Kennedy and Allison Weston.

**HIV PREVENTION PLANNING COUNCIL (HPPC)
Substance Use and HIV Risk Committee
Thursday, June 2, 2005
4:00 – 5:30 p.m.
25 Van Ness Avenue, Room 330A
San Francisco**

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AGENDA

- | | |
|--|-----------|
| 1. Welcome and Announcements | 4:00-4:10 |
| 2. Public Comment | 4:10-4:20 |
| 3. Review and Approve Minutes of May 5 | 4:20-4:25 |
| 4. Report Back from Steering | 4:25-4:35 |
| 5. Debrief HPPC meeting | 4:35-4:45 |
| 6. Present Definition of Substance Use (possible vote) | 4:45-5:05 |
| 7. Review of Matrix of substance by population | 5:05-5:25 |
| 8. Closure and Evaluation | 5:25-5:30 |

**Next meeting will be July 7, 2005, 4:00 – 5:30 p.m.
25 Van Ness Avenue, Suite 330A**

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk
Action Minutes From Meeting:
June 2, 2005

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Members Present: Dave Hook, Janetta Johnson, Tom Kennedy, Kevin Mosley, Frank Strona, Francis Salmeri and Steven Tierney.

Members Absent: William Bland, Steven Gibson, Derrick Mapp, Joani Marinoff, John Newmeyer and, Gwen Smith.

Professional Staff: Vincent Fuqua (HPS), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Co-Chair Tom Kennedy called the meeting at 4:11 PM. He asked attendees to introduce themselves and make announcements.

- Allison Weston announced that the HIV Needs Assessment being conducted by Harder & Co. is still recruiting participants. She distributed flyers in English and Spanish for SF, San Mateo, and Marin Counties (copies are available upon request).
- Janetta Johnson announced the "Tranny Week" events, Monday through Friday 06/06/05. She also distributed flyers detailing the planned events (copies are available upon request).
- Frank Strona announced the Positive Reinforcement Opportunity Program (PROP), a collaboration of programs for people working on issues relating to abstinence from use of Meth*. The program will shortly produce its first graduates.
 - He suggested that PROP doing a presentation for the Council.
 - He also noted that Steven Tierney is a chair of one of the collaborating programs.
 - ⇒ It was suggested, and agreed, that a PROP presentation suggestion be forwarded to the Steering Committee.
 - Tom will talk to John Newmeyer about proposing this to the Steering Committee.
- Tom announced Joani Marinoff, John Newmeyer, and Gwen Smith notified him that they would not be in attendance at this meeting.

2. Public Comment

There was no public comment.

3. Review and Approve Minutes of April 7

Motion and seconded to accept the minutes of the meeting 03/03/05.

- Allison questioned if Derrick Mapp was absent, as indicated, or if he came late.
 - ⇒ Vincent Fuqua will double-check this with his records and Derrick.
- It was also noted that Frank Strona should have been marked as absent.

No further comments, correction, or objections were offered. The minutes were approved as amended

* Note-taker's note: Methamphetamines were referred to by a number of names during Committee deliberations, hereinafter referred to as "Meth."

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk
Action Minutes From Meeting:
June 2, 2005

4. Report Back from Steering

Allison provided an overview of topic discussed, including the following.

- A debriefing of the Diversity/Teambuilding Training.
- Jen Sarche requested a letter for support to the NIH for the Research Section's continuing work regarding vaccines.
 - ⇒ It was noted that information on these studies could be found at www.SFISREADY.org.
- The agenda for the 06/09/05 Council meeting and the topics for the remainder of the year.
- Planning of the joint meeting with Care Council, which will follow their schedule (meeting on the 4th Manday of the month) as the last joint meeting used the HPPC's schedule.
- Steering Committee is monitoring attendance in accord with the new policy.

Frank added there was discussion of transportation to the July meeting in Visitation Valley.

5. Debrief HPPC meeting

Vincent pointed out that this item was erroneously included on the agenda.

6. Present Definition of Substance Use

Tom brought members' attention to the document distributed by e-mail entitled, "*Draft Definition: Substance Use*," and confirmed that attendees have received it. He invited members to continue the conversation on the definition as well as the attached: "*Draft: How Substance Use negatively impacts the HIV Epidemic*." The components were discussed separately, including the following (by topic). Allison pointed out that if members' word-smithing suggestions could be passed to her separately, outside of the meeting.

Draft Definition: Substance Use

Allison and Tam reminded members that the definition of Substance Use is part of the Committee's goals for the year. Discussion ensued including the following.

- Kevin Mosley suggested the second sentence of the first paragraph seems defensive.
 - It reads, "(The term) *Substance use* is not meant to discount either of these important diagnostic categories."
- Kevin also said that the second paragraph reads like an alarmist statement.
 - It begins, "The term also includes both voluntary..."
- Frank suggested the first sentence of the first paragraph might ask "Why" and rewording the second and third sentences as a response.
 - The first sentence reads, "The term 'substance use' was chosen deliberately over more traditional ones, such as 'substance abuse' or 'chemical dependency.'"
- Steven indicated that the second paragraph doesn't seem to relate directly to HIV prevention, but rather to things such as "date-rape drugs" and the like, which he questions being a large co-factor in HIV transmission.
 - It begins, "The term also includes both the voluntary and involuntary ingestion of chemicals..."
 - ⇒ Steven asked if there is evidence that this issue is a significant cofactor.
 - ⇒ Tom responded that there is some indication of involuntary substance use being a factor, including among participants in the bondage and S&M scenes.
 - ⇒ He added that some people get so high they can't make good decisions.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: June 2, 2005

- ⇒ Steven suggested ending the first paragraph with a sentence that this includes voluntary and involuntary substance use.
- Frank indicated that the second paragraph is too narrative.

Draft: How Substance Use negatively impacts the HIV Epidemic

- Frank asked if there was a reason "*negatively*" is included in the title.
 - ⇒ Some discussion followed and agreement was reached to remove the word, "*negatively*."
- Janetta Johnson suggested that the impacts of substance use should include that people lose their housing, particularly due to use of Meth.
 - ⇒ Kevin added that people also lose jobs, partners, insurance, and many other things.
- Allison suggested word-smithing to include housing, employment, and social support.
 - ⇒ She also suggested including how loss of those things impacts HIV.
- Frank said that substance use is one co-factor, that there are many others contributing to the issues highlighted by the bullet points.

Those read, "... substance use can influence: • Sexual behaviors and decision making
• Incidence of STIs/STDs which can make HIV transmission more like • Other physical and mental health consequences"

- ⇒ Janetta suggested adding something about housing as part of, or near the bullet points.
- ⇒ Allison said that she would add language about other co-factors.
- ⇒ Steven suggested including substance use's influence on "Other physical and mental health issues, including housing, employment, relationships, insurance, etc"
- Allison said that she has had feedback from William Bland that there is very little evidence about substance use contributing to disease progression as is stated in the final paragraph.
 - It reads, "For HIV positive people, it's important to note how substance use can impact disease progression directly, as well as indirection..."
 - ⇒ Steven said that there is a lot of literature about increased HIV disease progression in reference to use of Meth, Alcohol and other substances and suggested it might be a good idea to cite some of those studies.
 - ⇒ He added that there is also good data about substance use's indirect effect including issues such of non-compliance to medication routines.

Tom said that the changes discussed would be incorporated into these two statements and that they would be re-presented to the Committee for final review. Allison pointed out the significance of these statements including their presentation to the Council, and framing how the HPPC proceeds in its work relative to substance use's impact on prevention.

7. Review of Matrix of substance by population

Tom and Allison explained this table as a summary of the Committee's 05/05/05 discussion. It shows the impact of substances use in the listed populations based on members' experience and is not meant to be a comprehensive list. They also explained:

- ⇒ The idea is to identify which drugs are more important in different communities.
- ⇒ Viewed in conjunction with the minutes the Matrix could highlight gaps in the Committee's understanding.
- ⇒ The next step would be to ask how these issues are being addressed and what can be done better.

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They then asked for ideas on how to proceed prompting discussion including the following.

- Kevin noted that in "*Party drugs*" the third should read, "*GHB*."
- Dave Hooks remarked that at the time the exercise was valuable, but that outside of the context of the discussion he is not sure that the Matrix sheds light on the situation.
- Frank noted that the misuse of prescription drugs is missing.
 - ⇒ He added that his experience is that misuse of pharmaceuticals is particularly popular among Gay White men, as well as among poor men in the Tenderloin.
- Francis Salmeri remarked that not all of the X's are equal in either impact or awareness.
 - ⇒ He cited the current volume of talk about Meth and the relative silence about Alcohol.
- Steven observed a value to this approach is that it expands people's understanding, that people too often think of: Black men on Heroin, White guys on Coke, and Alcohol.
 - ⇒ He added, however, that there should be a better way to represent substance use, and questioned if blanket statements convey an accurate account.
 - ⇒ He suggested that there is need to move beyond the CDC's concentration on Meth.
- In response to Steven's question, Tom explained that the relative emptiness in the row relating to Latinos was result of a lack of representation during the discussion.
- Frank observed that the Matrix is a frightening depiction of the extent of substance use since it reports observations from only 15 people around a table.
 - ⇒ He added that he could only imagine what a larger sampling might produce.
- Janetta noted a gap as being that Alcohol is the "Gateway drug" among Transgendered sex workers and their clients, and is not included in the Matrix.
- Janetta also said that there is a lot of use of Marijuana in the Transgender community, although its use may be difficult to distinguish from medicinal purposes.
- Frank suggested taking a broader approach, noting that all substances impact every BRP, that weighing the effects has a lot of pros and cons and may not be a productive approach.
- Steven suggested the Committee focus on four questions which it asks of each substance use's impact on each community/BRP (The Four Questions):

1. Is it a problem?
 2. Is it a gap in services?
 3. How can it be addressed?
 4. How can it be addressed by the HPPC?
- Steven also suggested that recommendations for action could be by populations/BRPS and might include (The Four Actions):
 - * Treatment access,
 - * Social Marketing,
 - * Referral Linkage, and
 - * Education
- Steven then proposed that rather than identifying the specific substances impacting various communities, planning what can be done for known substance use issues.
 - ⇒ He suggested that the Committee could ultimately make recommendations to the Council about a few instances where one, or more of the Four Actions could be applied.
 - In way of example the Committee might recommend greater Treatment Access to Meth users, or a Social Marketing campaign focused on of Alcohol use.

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- Frank asked if the Council could recommend providing mental health services and was told that it could within the context of it relating to prevention.
 - Allison noted that the Matrix has several missing populations, including Latino, and that eventually there could probably be X's in every box.
 - ⇒ Tom said that he would draft a paragraph about how every population is impacted by the various substances for the Committee's next meeting (07/07/05).
 - Steven suggested the Committee ask if the substances use is an issue for HIV prevention in each group
 - If yes, then it needs to be addressed by HPPC
 - If no, others should deal with it.
 - He added that the Committee should also ask if a population's substance use is being adequately addressed elsewhere/by another agency:
 - If it is, the Committee should focus elsewhere;
 - If it isn't the Committee should make recommendations on dealing with it.
 - Frank expressed his concern that HIV (-) people, and youth in particular, are not included in the Matrix, and are generally being seen as not needing service because they are negative. Tom polled members regarding what is missing in the Matrix and for suggestions about weighing the relative impact of the various substance use in the different populations.
 - Janetta noted that Latino Gay men are missing and suggested recruiting someone from that community into the Committee's work.
 - Francis said that based on groups with increasing infections and the substance use that has been documented; he feels that Meth should outweigh anything else.
 - ⇒ He cautioned against the Committee being too general.
 - Frank said that once the HPPC makes a commitment to substance use's impact on HIV it can address the specifics.
 - ⇒ He added that that the Committee may recommend funding research into substance use's impact on seroconversion.
 - Dave noted that people who use Meth usually use other party drugs, and emphasized that even if Meth didn't exist other, underlying issues would effect people's behavior.
 - ⇒ He suggested that what are missing are those underlying factors.
 - Allison added that some of the underlying influences, including mental health, might be missed if efforts focus too much on Meth.
 - Janetta added that "If *Meth went away* ..." is an interesting question.
 - ⇒ Discussion followed on the merits of a Social Marketing campaign centered on that question.
 - Kevin asked where new HIV infections are happening.
 - ⇒ Francis said that the most recent seroconverters he has seen included two White Gay men, three Filipino MSM, and an African-American woman.
- Steven reiterated the Four Questions (see above), proposed them as a format for proceeding, and suggested they be sent to absent members for comment.
- ⇒ In way of example he noted that Meth is being addressed, but Alcohol is not.
 - ⇒ He suggested commencing a list that could be narrowed later.

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- ⇒ He added that although he supports broad statements he thinks it would be useful for the Committee to have specific recommendations for action.
 - ⇒ He pointed out that the Committee needs to have something actionable at the end of this process.
 - Frank suggested looking at what happens after abstinence from substance use.
 - He noted that there is a lack of ongoing services, particularly access to mental health services, to people who have ceased substance use and are out of treatment.
 - He added that there needs to be means to socialize outside of 12-step programs.
 - ⇒ Discussion followed that noted that most existing programs, including those at AHP, and Tweaker.org don't apply to everyone
 - Francis suggested convening a conference on queer mental health in SF particularly to discuss innovative approaches to breaking the link between Meth and sex.
 - Janetta said that what is missing is the need for mental health services.
 - ⇒ She pointed out that some people show the mental health effects of long-term substance use, including being without the wherewithal to deal with many life issues such as those relating to HIV prevention.
 - Dave said that some sub-cultures seem tied to substance use.
 - ⇒ He cited the White Gay sub-culture as an example.
 - ⇒ He suggested exploring ways to take the drug use out, without taking the fun out, of social situations.
 - Steven suggested a Social Marketing campaign for people who think of themselves as "Normal" drinkers that don't identify as "Alcoholics."
 - ⇒ He cited a program in Boston that encouraged men to take care of each other when they go out drinking/to the bars.
 - ⇒ He added that he also thinks there are issues with people who think of themselves as "Normal" Meth users, but who don't/can't take care of themselves when they are high.
8. Closure and Evaluation
- Tom said that he would write up what was discussed. Vincent reminded members about the evaluation Zoomerang. The meeting adjourned at 5:29 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 07/07/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua Tom Kennedy and Allison Weston.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Substance Use and HIV Risk Committee
Thursday, July 7, 2005
4:00 – 5:30 p.m.
25 Van Ness Avenue, Room 330A
San Francisco

AGENDA

- | | | |
|---|---------------------------------|-----------|
| 1. Welcome and Announcements | DOCUMENTS DEPT.
JUL - 5 2005 | 4:00-4:10 |
| 2. Public Comment | SAN FRANCISCO
PUBLIC LIBRARY | 4:10-4:20 |
| 3. Review and Approve Minutes from June 2 | | 4:20-4:25 |
| 4. Report Back from Steering | HIV - 05 P01-01 REV D | 4:25-4:35 |
| 5. Present revisions to draft documents regarding Definition of Substance Use | | 4:35-4:50 |
| 6. Continue discussion using these questions:
(Using population matrix) | | 4:50-5:25 |
| <ul style="list-style-type: none"> - How do we describe the problems that exist within each community? - Where are the gaps in service in each community? - How do we recommend these gaps be addressed? - How can these gaps be addressed by the HPPC? | | |
| 7. Closure and Evaluation | | 5:25-5:30 |

Next meeting will be August 4, 4:00 – 5:30 p.m.
25 Van Ness Avenue, Suite 330A

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Members Present: William Bland, Steven Gibson, Dave Hook, Tom Kennedy, Derrick Mapp, Kevin Mosley, Joani Marinoff, John Newmeyer, Gwen Smith Frank Strona, Francis Salmeri, and Steven Tierney.

Members Absent: Janetta Johnson.

Professional Staff: Vincent Fuqua (HPS), David Weinman (note taker), and Kym Dorman (Harder & Co).

1. Welcome and Announcements

Tom Kennedy called the meeting to order at 4:06 PM. He explained that Allison Weston had notified him that she would not be able to attend this meeting and that Kym Dorman would fill in for her. He then invited members to make announcements.

- Steve Gibson announced Magnet would celebrate its second anniversary on Saturday (07/07/05) 7:00 to 9:00 PM.
- Vincent Fuqua distributed the brochure entitled, "*Findings from the SFGMCI's Online Survey*," copies of which are available by request to absent members.
 - ⇒ He noted that quantities are available for program distribution.
- William announced that he will not be able to attend the August Committee meeting.

2. Public Comment

There was no Public Comment.

3. Review and Approve Minutes from June 2

Motion was made and seconded to accept the minutes from the 06/02/05 meeting.

- ⇒ Steve G noted that the reference to "*Tweaker.Com*" (Page 6) should read, "*Tweaker.Org*."

No other changes were offered. No objections were made. The minutes were approved as amended.

4. Report Back from Steering

Frank Strona provided an overview of that meeting, including the following.

- ⇒ The first six months of Council activity were reviewed.
 - It was observed that, as in the past, there was a lot of cooperation and activity.
 - The evaluation cautioned against becoming complacent, that the Council needs tangible activities for the next six month.
 - Evaluations were consistently strong and positive.
- ⇒ There was discussion about the year's remaining calendar and the Parking Lot.
 - The September meeting will be in conjunction with the Care Council and will comply with their schedule (Monday 09/26/05) as the last such annual meeting was on HPPC's schedule. The agenda will include: HPPC business (3:00 - 4:00 PM); Joint interest business (4:00 - 6:00 PM); and Care Council business (6:00 - 7:00 PM)
 - HPPC members will be encouraged to stay through the Care Council's business.

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- Vincent and Tom added that at Steering the Committees provided indication when each Committee will present, with this Committee planned for October (10/06/05).

5. Present revisions to draft documents regarding Definition of Substance Use

Tom drew attention to the document entitled, "*Draft Definition: Substance Use*," that had been distributed to all members by email. He highlighted some of the changes made since the last draft, including the addition of the box entitled, "*Substance Use Across BRPs*." Comments and followed (listed here by section and paragraph/sentence).

Box 1) Draft Definition: Substance Use

- Frank said that the first sentence is weak and suggested rewording it to read, "*We choose to use the term 'substance use' as opposed to...*"

Accepted by consensus.

Box 2) Draft: How Substance Use Impacts the HIV Epidemic

- Joani suggested including something about the difficulties connected to having sexual relations while in Recovery, particularly in the early stages of treatment.
 - ⇒ Tom suggested adding something about Recovery's effect on HIV prevention.
 - ⇒ Steven T suggested wording that incorporates the idea that negotiating safe sexual behavior being particularly difficult for people in the early stages of Recovery.

Accepted by consensus.

- Derrick Mapp suggested adding long years of substance use as a co-factor

Accepted by consensus.

- John Newmeyer pointed out the first sentence should read, "*...cofactors that effect HIV*" rather than, "*... cofactors that affect HIV*."

Box 3) Draft: Substance Use Across BRPs

- Joani Marinoff suggested that in the first paragraph "*ethnic, racial*" be hyphenated.

Accepted by consensus.

- Dave Hook suggested adding "*values*" to the "*community specific variables*" listed.

⇒ Joani suggested listing specific values, so as not to be vague.

⇒ Dave and others suggested wording about the values of some communities that include the social use of several substances.

There was consensus about including wording regarding community values' impact on the acceptability of substance use.

- Joani suggested adding wording about what motivates people to use Cocaine versus Meth, or other "*substance of choice*" to the "*community specific variables*"

⇒ Steven Tierney suggested that substances used are often not of choice.

- Kevin Mosley suggested replacing the comma with "*and*" in the last sentence, it would read, "*... communities at risk and informed by a solid understanding...*" (emphasis added)

Accepted by consensus.

Other

- Frank suggested members think about how these definitions would be used, and how they might fit into a presentation to the whole Council.

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- Tom noted that the draft would remain open for another month, be voted on at the next Committee Meeting (08/04/05), and be incorporated as part of the presentation.
 - ⇒ Tom noted that a draft reflecting the changes discussed would be sent to members for review over the next couple of weeks.
- Joani questioned if the Committee is proposing the BRPs include all substance use.

6. Continue discussion... [The Population Matrix]

Tom and Kym distributed the documents entitled, "*Review of Substance Use committee goals: Items to integrate into priority setting*," and, "*Summary of comments by population*," copies of both are available to absent members upon request. Kym explained that the goals document refers to tasks, and it could be read to refer to gaps. As regards the second document (The Population Matrix) Tom noted that the Committee has agreed to subject the issues identified within each community to these questions:

1. Is it a problem?
2. Is it a gap in services?
3. How can it be addressed?
4. How can it be addressed by the HPPC?

He also reminded the Committee that it had agreed that if the issue can be addressed by the HPPC (#4) the Committee should suggest how to deal with it, by: Treatment access, Social Marketing, Referral Linkage, and/or Education. He also explained that the discussion would be on filling in the 'Gaps' column. He pointed out that once contracts are finalized, the Committee would compare the gaps to what is has been funded.

- Discussion followed, including the following (by Community/Subject).

Gay White Men Community

Tom proposed starting with Gay white men community, as the first listed community - MSM in general - is too large. As there was general agreement, he then asked for suggestions of gaps.

- Kevin asked for clarification of the use of the term "*Gay*" in this context and it was explained that this was to distinguish the community of who are open about their orientation from the wider MSM group.
- Frank suggested that there is a gap in mental health services for HIV (-) Gay white men.
 - ⇒ He asked if more services were available, would it catch more people self-medicating before their substance use results in sexual risk behavior.
- Steve G added that there is a gap of mental health services for people who don't acknowledge they have mental health issues / sexual identification issues.
 - ⇒ He pointed out that many Gay men are also unaware of these issues' consequences.
 - ⇒ Joani suggested that internalized homophobia is a mental health issue.
 - ⇒ Francis Salmeri suggested that mental health services need to be marketed in a way that appeals to those people who don't identify as having mental health issues.
- Steve G also suggested that there is a lack of culturally competent residential treatment services for Gay men; particularly programs that allow people to have sex.
- Joani suggested that some of the things listed under Latino MSM are also applicable to Gay white men and that many people moving to SF have difficulty integrating into the culture.
- Francis suggested that there is a gap in the connection between Meth, sex, and the Internet.

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- ⇒ Tom suggested a harm reduction program regarding the Internet.
- ⇒ John pointed out that geographic boundaries are vague when dealing with the Internet, that messages there reach people outside of SF.

African-American MSM Community

- Derrick suggested that Gay African-Americans experiences the same barriers as in the Gay white community
- Derrick noted that a lot of people are using their cell phones ('*Text Messaging*') in conjunction with the Internet, which is much more localized than the desktop Internet use.
- Derrick observed that in this community most services are directed toward queer youth.
- Frank suggested that there is a difference in the way the professional community and providers perceive a white substance user as opposed to an African-American.
 - ⇒ He also observed that providers often presume that African-Americans are more prone to difficulty with their MSM activities than white MSM.
 - ⇒ William Bland added that there needs to be a way to ensure the cultural competence of providers of mental health providers.
- William also noted that people assume African-American MSM are Crack users.
- Tom suggested that a lot of the prevention marketing materials isn't diverse, African-American MSM and other minorities often don't see people that look like them and therefore don't identify with the materials.
- William pointed out that Meth is seen as associated only with the Internet, but there is also ready street access with its accompanying culture.
 - ⇒ Several members noted that there is not a lot of street intervention regarding Meth.
 - ⇒ It was also observed that there is generally a lot of leafleting in the Castro and almost none in the Tenderloin (TL) on a number of MSM related topics.
- Frank questioned if there are enough trained providers among people of color.
- Vincent suggested that marketing materials aimed at African-Americans in the TL don't relate to African-American men in the Castro
- Derrick suggested offering training to people regarding how to deal with Treatment/Recovery providers and that information needs to be readily available explaining to substance users how to get better.
 - ⇒ He added that programs need to reach out to the community to explain why their work is important, valuable, and relevant to the community's needs.
- Steven T explained there is a difficulty with minority populations getting access to services provided by members of their own ethnicity, noting, for instance, that national data indicates that 30% of the urban population is Latino but only 3% of the Medical profession is comprised of that population.
 - ⇒ He suggested a long-term goal might be access to training for all groups/populations.
 - ⇒ In the shorter term, he noted, people need to get culturally appropriate treatment.
- Steven T summarized by making three suggestions:
 1. Perhaps determine how many African-American service providers work in SF;
 2. May also look at training clients on how to get what they need from all providers; and
 3. Determine how to train providers to be appropriate.

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- Joani noted that the licensing/certification process may be a way of addressing cultural competency issues.
 - ⇒ Joani added that the Council should make a statement about the overall picture in the African-American community, including the need for access to treatment, medical, and mental health services, as well as jobs and housing.
- William observed that particularly in this community the religious community is linked to treatment in SF.
- He added that there are no meeting places catering predominantly to African-American MSM in SF.

Latino MSM

- Frank observed that there are other drugs used in this community, not just Meth.
- Frank noted there are a number of power dynamics that impact this community's sexual risk behavior, including immigration issues.
 - ⇒ William noted that there is nothing directed at the people taking advantage of vulnerable Latino MSM.
- Joani said that Cocaine should be added to the Substances column.
- She also said that linguistic competency is a very big issue in this community in both substance treatment and mental health services.

Bayview Hunters' Point (BVHP) Community

- Gwen suggested that there are a lot of gaps in treatment services in the BVHP.
 - ⇒ She noted that almost all of the interventions in BVHP are about Heroin, whereas the whole spectrum of substances are being used.
 - ⇒ She also noted that there are no live-in treatment services in the BVHP.
- Frank noted that the increase in Meth use having a bigger impact on HIV prevention in BVHP than the use of other drugs.
 - ⇒ William suggested its impact in the TL may be even greater.
- Vincent noted that HIV is rarely mentioned in the BVHP, particularly as the community is in denial about MSM.
 - ⇒ He pointed out that HIV also impacts women in that neighborhood.
- Derrick suggested that there is a gap reaching questioning youth in BVHP.
- Joani noted that there is now a large Samoan community in BVHP of which little is known.
- Kevin expressed concern with the shift to looking at prevention by neighborhood.
- Several members noted that there are pockets of African-American MSM in other neighborhoods including Potrero Hill and the Mission.
- Steven T asked if the Committee suggests that living in BVHP is a risk in and of itself, as was determined regarding tuberculosis in New York City's Chinatown.
 - ⇒ He suggested that living with poverty might be the actual HIV co-factor.
- Steve G suggested ensuring culturally competent services are available were people live, work and play may be a good next step.
 - ⇒ Joani added that this extends beyond providers, and should include social justice.

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General Comments

- Derrick commented that, as was observed at the last meeting, Meth use is being addressed, but inadequately, particularly its use within overall a substance use context -- people using Meth also smoke Marijuana, drink Alcohol, and use other drugs as gateways.
- John suggested that while all substance use is significant to prevention, Meth seems to hold a uniquely important role.
- Steven T noted that there are a number of treatment programs available but not all of them are equally effective.
 - ⇒ He pointed out that some people are uncomfortable with a religious element included in treatment programs.
 - ⇒ He also observed that just because people are of the same ethnicity doesn't make them culturally competent, in the same way that just because someone is in recovery doesn't make them a competent treatment counselor.
- Steven T suggested developing a "*Patients Bill of Rights*."
- Gwen suggested that "*Treatment on Demand*" is not real, that there is often a month or more waiting.
- Joani suggested the Council make a connection with the SF DPH's drug treatment program.
- Gwen asked if the Council has ever found out what the DPH's drug treatment program does with the 5% federal funding set aside that is stipulated for HIV prevention.
 - ⇒ Steven said they report that they are doing, "*Early intervention*."
- Gwen asked if the Committee is looking at BPRs or communities, adding that there are a lot of communities missing from the summary document.
- In response to a question posed by Gwen, several members explained that Meth is cheaper than Crack particularly for sustained use.
- Vincent asked people to e-mail him with any additional gaps that come to mind during the month.

The Committee agreed to address the other listed communities at future meetings.

7. Closure and Evaluation

Tom asked members for comments about the first half of the year, adding that he thought they were doing very well. He then asked members to think about volunteering to conduct the presentation to the whole Council.

Tom reminded people to execute the evaluation Zoomerang. The meeting adjourned at 5:26 PM.

***THE NEXT MEETING IS SCHEDULED FOR THURSDAY 08/04/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A***

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua, Tom Kennedy, and Allison Weston.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Substance Use and HIV Risk Committee
Thursday, August 4, 2005
4:00 – 5:30 p.m.
25 Van Ness Avenue, Room 330A
San Francisco

AGENDA

- | | | |
|---|---------------------------------|-----------|
| 1. Welcome and Announcements | DOCUMENTS DEPT. | 4:00-4:10 |
| 2. Public Comment | AUG 03 2005 | 4:10-4:20 |
| 3. Review and Approve Minutes from July 7 | SAN FRANCISCO
PUBLIC LIBRARY | 4:20-4:25 |
| 4. Report Back from Steering | | 4:25-4:35 |
| 5. Finalize Definition of Substance Use (vote) | | 4:35-4:45 |
| 6. Continue discussion of gaps in services and recommendation: | | 4:45-5:10 |
| <ul style="list-style-type: none">- API MSM- MSF/MSM drug users- African American Transgender- People recently tested HIV positive | | |
| 7. Looking at initial goals and where we are at | | 5:10-5:20 |
| 8. Next Steps | | 5:20-5:25 |
| 9. Closure and evaluation | | 5:25-5:30 |

Next meeting will be September 1, 4:00 – 5:30 p.m.
25 Van Ness Avenue, Suite 330A

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Substance Use and HIV Risk

Action Minutes From Meeting:

August 4, 2005

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Members Present: Steven Gibson, Dave Hook, Joani Marinoff, Gwen Smith, Frank Strona, and Steven Tierney.

Members Absent: William Bland, Tom Kennedy, Janetta Johnson, Derrick Mapp, Kevin Mosley, John Newmeyer, and Francis Salmeri.

Guest: Walter Chow (CDC)

Professional Staff: Tracey Packer (HPS), Clare Nolan (Harder & Co), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Tracey Packer announced that Co-Chair Tom Kennedy had called to say that he could not get a flight back to SF and so would miss the meeting. In his absence, Tracey facilitated calling the meeting to order at 4:07 PM. She asked attendees to introduce themselves and make announcements

- Allison Weston announced that she would relocate to San Diego in the near future, but that she would continue participation in the SF HPPC through the end of the year.
- Allison then introduced Clare Nolan who will succeed her working with the HPPC.
 - ⇒ Clare introduced herself noting that she had worked with the SF HPPC in the past, prior to returning to complete her Masters in Public Health at UC.
 - ⇒ She also noted that she has worked for the Santa Clara County HIV prevention council.
- Allison then announced that Harder & Co had sent out an email survey evaluating their work with the HPPC, she asked that members take the time to complete it.
- Walter Chow, Project Manager from CDC introduced himself.
 - ⇒ He noted that he has been working with HIV prevention in other regions.
 - ⇒ He also explained that he has previously worked for the CDC on capacity building in SF.
 - ⇒ His visit to the SF HPPC is piggybacking on his participation in the HPLS.
 - ⇒ He said that he enjoys meeting with people working on the front line and will support SF's efforts at the federal level.
- Tracey noted that this is a good opportunity for Walter to meet members of the community working on HIV prevention and observe the workings of the HPPC.

2. Public Comment

There was no Public Comment.

3. Review and Approve Minutes from July 7

Motion was made and seconded to accept the minutes from the 07/07/05 meeting. No comments, changes, or objections were raised. The minutes were approved.

4. Report Back from Steering

Frank Strona & Allison provided an overview of that meeting, including the following.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: August 4, 2005

- The Committee reviewed the agenda for the remainder of the year, particularly the joint meeting with the CARE Council (probably in September).
 - ⇒ They want to be sure to have overlap and encourage HPPC members to stay through the joint Councils part of the agenda.
- They also discussed the annual Cooperative Agreement.
 - ⇒ It was suggested that September may be the most appropriate meeting to review this with the whole Council.
 - ⇒ There may need to be a separate meeting, or Working Group established, to make recommendations to the whole.
 - Steven Tierney noted that a Working Group might not be necessary, as they have been poorly attended in the past, and the Council would probably entrust the drafting to the HPS' professional staff.
 - ⇒ Tracey and Steven T noted that the Council's letter is due 09/21/05, although an extension can be requested because the CDC's interim progress report was late in being issued.
 - ⇒ Steve Gibson suggested a 'near final' of the letter for the 08/11/05 Council meeting.
- Henry Fisher made a presentation to the Steering Committee regarding MSM surveillance data, which has been published by CDC in the national surveillance report.
 - ⇒ Steven T noted that the data would be presented to the HPPC.

5. Finalize Definition of Substance Use

Tracey drew the Committee's attention to the document entitled, "*Draft Definition: Substance Use*," that had been distributed to all members by email. She noted that it incorporates all of the changes that had been discussed or forwarded. Discussion followed.

- Joani Marinoff suggested wording in the definition of substance use be changed because substance use is not a diagnostic category.

There was general agreement to this change, which would be addressed as word-smithing.

- Steven T suggested changing the definition of substance use from "...which have negative or accusatory connotations," to "...which may have negative or accusatory connotations" (emphasis added).

Motion was made and seconded to accept the changes offered. There was no further discussion. Vote was by show of hand. The motion was approved unanimously.

6. Continue discussion of gaps in services and recommendation

Tracey distributed the document entitled, "*Summary of comments by population*," copies of which are available to absent members upon request. Discussion followed, including the following (by subject).

API MSM

Tracey asked for comments about gaps, unmet needs, and what action needs to be taken.

- Allison noted that this population was brought up although none of the Committee members directly represent this group.
- Joani noted that this population wasn't addressed in any of the articles read by Committee members and so the gap may be that there is no research/data about this population.

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- ⇒ She added that she has an anecdotal information regarding club drugs from a project conducted by some of her student at SF City College, which she will forward.
- Dave Hooks noted that the API Wellness Center's RFP application mentioned the use of Meth being problematic in this population.
- Steve G noted that Willi McFarland's report to the Council showed a rise in HIV among this population, and that the City's data may include information about the substances used.
- Walter offered to forward articles on this population and suggested API Health Forum may have additional data and that he would contact them on behalf of the HPPC.
- Allison noted that this is based on articles reviewed and the members' knowledge of the API community.
 - ⇒ She questioned if the Committee was ready to tease apart this population given its lack of knowledge and/or data
- Joani expressed concern that putting this community aside because there is no one representing, or with sufficient knowledge of it.
 - ⇒ She questioned if such contributes to the development of disparity in healthcare.
- Allison noted that the Needs Assessment prioritized API MSM and included a Focus Group with Filipino MSM.
 - ⇒ She pointed out that the data would be released in the near future, and will include information on substance use.

There was general agreement that this is an important population that the Committee has insufficient information on. It was also agreed that additional data would be provided so that API MSM could be discussed at the Committee's 09/01/05 meeting.

MSF/MSM Drug Users

There was discussion clarifying what referred to: bisexual men, or non-gay identified (excluding African-Americans) men who are substance users, and/or heterosexual men who use drugs.

- Allison explained that this document includes legacy terminology from the Committee's previous brainstorming and other discussions.
- Tracey suggested that it might be appropriate to look at the way people identify themselves rather than get trapped in BRP language.

Bayview Hunter's Point (BVHP) Residents

- Frank expressed concern with focusing on some neighborhoods, but not others.
- Joani noted that the BVHP was prioritized and the Council told community members that its specific needs would be reviewed.
- Gwen suggested adding African-American MSF IDU and taking out BVHP residents.
- Steven T noted that he was at a meeting earlier that day where data was presented showing that that African-American men altogether have a higher mortality than other groups, not just residents of BVHP.

African American Transgender

- Allison pointed out that the Committee has had only initial, but not an in-depth discussion on this population.
- Steve G suggested adding hormones to the list of substances used.

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- He added that there needs to be something like Magnet for this population, noting that it would probably include some job placement services and interface with criminal justice.
- Joani noted that presentations to the Council have highlighted issues with Housing, Jobs, and the Police impacting HIV prevention.
 - ⇒ She added that this would include friendly, accessible testing; without a van being driven by police officer or sheriff.
 - ⇒ Steven T suggested adding access to primary healthcare be included.
- Joani expressed concern with the finding from the Tenderloin SCAN that showed that 40% of the participants expressed belief that a cure for AIDS was currently available.
 - ⇒ Steve G and Joani added that there is a need for safe spaces for this population.
- Frank noted that Transgender people really don't do well in drug treatment programs that are not specific to that population, but that there is only one such residential program in SF and it has only 24 beds.
- Joani suggested there needs to be " *Treatment on demand*."
- Steven T noted that people think that the services are only available for people with AIDS.
- Gwen suggested adding alcohol to the list of substances.
- Frank noted that partners of transgender people are invisible (not just sex workers' clients).

Tracey suggested members continue to add to this list when reviewing the minutes and send their suggestions to Allison.

People recently tested HIV positive

Tracey asked what additional services should be available for this group.

- Frank suggested non-drug phobic medical services.
- Steven T suggested mental health services targeting issues such as shame and guilt.
- Dave suggested a transitional program to help people navigate the available services, rather than just overwhelming them with lists of options.
- Frank observed that people in recovery often fall back to substance use when they learn of their seroconversion.
 - ⇒ He added that there needs to be more than linkage between substance use services and services for HIV (+) people.
- Steven T said that there is very little training for counselors to help clients deal with both substance use and seroconversion issues.
- Steven T suggested substance use treatment that isn't HIV phobic.
 - ⇒ He suggested creating a list of substance treatment services that are comfortable with HIV issues.
- Joani brought up paying attention to family situation / support network.

General

- Steve G said that neighborhoods and identities were included in the Committee's exploration of substance use in an attempt to give cultural context to the BRPs, but that it is important to talk with the Council in their language.
 - ⇒ He suggested explaining that within MSM, for instance, there are certain cultures with specific needs, but that the table is not intended to be comprehensive.

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Substance Use and HIV Risk

Action Minutes From Meeting:

August 4, 2005

- ⇒ He suggested representing the cultural cofactors in a tree-like chart.
- Gwen Smith expressed concern with jumping back and forth between BRPs, identities, and/or communities.
- Frank suggested using the chart from the Plan, which shows sub-populations and cofactors.
 - ⇒ He noted that empty boxes would point to '*next steps*.'
- Joani suggested adapting the BRP model by expanding sub-populations.
- Dave suggested translating BRPs into what people actually '*look like*.'
- Steve G suggested that presently all of the attention is on Meth, but alcohol may play a bigger part, and no one is being funded for that.
- Steven T suggested that by focusing on the few issues identified, and exploring them critically, the Committee may come up with a new way of looking at substance use.
- Joani suggested that within the BRP model there needs to be a way to include people who use substances other than IDU.
- Steve G asked who is really doing culturally competent programs for MSM IDU?
 - ⇒ He added that there needs to be more exploration of where the risk is -- is it in the use of injection drugs, or in the behavior that results from use of such use?
- Tracey reminded that BRPs describe routes of transmission and needn't limit the exploration of who is at risk.
- Allison reminded the Committee of the four questions agreed upon to examine the different at risk groups:

1. Is it a problem?
 2. Is it a gap in services?
 3. How can it be addressed?
 4. How can it be addressed by the HPPC?
- Joani said that she is uncomfortable talking about gaps without knowing what has been funded.
 - ⇒ Steven T suggested looking at what ought to happen, and in a couple of weeks the matrix of what is being funded will be available for comparison.
- Steven T suggested that it is important to know what others are doing regarding substance use while the HPPC maintains its focus on HIV prevention.
- Frank asked if there are services that require AIDS diagnosis.
 - ⇒ Gwen offered that the AIDS Emergency Fund may be the only one.

7. Looking at initial goals and where we are at

- Allison distributed the document entitled, "*HPPC Substance Use Committee: Work Plan and Timeline Status August 4, 2005*," copies of which are available to absent members upon request.
- She explained that the purpose of the document is to frame issues for the Committee's presentation to the Council.
 - She also explained that a pre-planning meeting has been setup with the Committee's Co-Chairs, which members are invited to attend.
 - She pointed out that the issues from the initial brainstorm that remain open are highlighted in the document.
 - She encouraged members' input, which can be sent to her by email.

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Substance Use and HIV Risk
Action Minutes From Meeting:
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8. Next Steps

Allison explained that by next month's meeting (09/01/05) members should have all of the materials discussed and should be ready to form initial recommendations to the Council.

- By 08/09/05 she will write up and distribute what the Committee has discussed thus far.
- She asked that members review the materials and provide comment to her within the following week (by 08/16/05).
- She will meet with Committee Co-chairs before the Steering Committee (08/25/05) so that a draft can be ready for the Committee's consideration at the 09/01/05 meeting.

9. Closure and Evaluation

The meeting adjourned at 5:32 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 09/01/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

Minutes were prepared by David Weinman and reviewed by Tracey Packer.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Committee

Thursday, September 1, 2005

4:00 - 5:30 p.m.

25 Van Ness Avenue, Room 330A

San Francisco

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AGENDA

1. Welcome and Announcements 4:00-4:10
2. Public Comment 4:10-4:20
3. Review and Approve Minutes from August 4 4:20-4:25
4. Report Back from Steering 4:25-4:35
5. Review Proposal to Steering Committee 4:35-4:45
Goal: ensure that committees have adequate representation for effective community planning
6. Summary of the committee goals and our progress 4:45-4:55
7. Looking at potential Gaps in the BRP structure of Prevention plan 4:55-5:20
Goal: To address gaps in BRP structure regarding substance use and how substance use impact HIV epidemic
8. Next Steps 5:20-5:25
9. Closure and evaluation 5:25-5:30

Next meeting will be October 6, 4:00 - 5:30 p.m.

25 Van Ness Avenue, Suite 330A

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HIV PREVENTION PLANNING COUNCIL (HPPC)

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Substance Use and HIV Risk
Action Minutes From Meeting:
September 1, 2005

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Members Present: William Bland, Steven Gibson, Dave Hook, Janetta Johnson, Tom Kennedy, Joani Marinoff, Derrick Mapp, Kevin Mosley, John Newmeyer, Gwen Smith, Frank Strona, and Steven Tierney.

Members Absent: Francis Salmeri.

Guests: Raymond Banks, and Hank Wilson.

Professional Staff: Vincent Fuqua (HPS), Clare Nolan (Harder & Co), David Weinman (note taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Tom Kennedy called the meeting to order at 4:03 PM. He asked attendees make announcements

- Steve Gibson distributed postcards for an upcoming art exhibit and book signing of the work of Michael Alago including a reception at Magnet 09/23/05, 8:00-9:00 PM.
 - ⇒ He noted that 25% of sale proceeds benefit Magnet.
- Allison Weston reminded people that she is transferring to San Diego, but that she will continue to support the SF HPPC through the end of the year.
 - ⇒ She noted that this would be her last Committee meeting but that she would be at Council meetings in November and December.

The attendees expressed appreciation for Allison's contribution to their work with applause.

- Allison then introduced her associate Clare Nolan, who expressed how pleased she is to work with the HPPC and asked for members for feedback.
 - ⇒ Attendees then introduced themselves to Claire.
- Frank Strona announced that PROP (Positive Reinforcement Opportunity Project) took in 23 new participants during August.
 - ⇒ He also explained that PROP is a collaborative partnership among several service providers and the SFDPH.
- Tom announced that he has been volunteering on the HIV vaccine project and they have reached half of their recruitment goal and that recruitment flyers will soon be available.
 - ⇒ He explained that the current stage is testing efficacy.

2. Public Comment

Hank Wilson addressed the Committee asking it to recommend to the Council that it issue a letter to the SF District Attorney seeking enforcement of the Popper Point of Sale Warning Ordinance. He provided explanation including the following.

- ⇒ It has been demonstrated that Poppers have an effect on HIV risk and that its use is an immuno-suppressor.
 - Research shows that Popper use is commonly cited in situations involving unsafe sexual behavior, and its use is rising.
- ⇒ In 1994 the DA cited some stores selling Poppers and immediately signs went up at other stores around town.
- ⇒ This is not a budget issue, but an existing legal mechanism.
- ⇒ Poppers are 'off the radar screen' within the prevention community.
- Steve G asked if Hank had talked with the DA's office about enforcing this law.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: September 1, 2005

⇒ Hank said he wanted it to be a community initiative, not something from Hank Wilson.

3. Review and Approve Minutes from August 4

Motion was made and seconded to accept the minutes from the 08/04/05 meeting. No comments, changes, or objections were raised. The minutes were approved.

4. Report Back from Steering

John Newmeyer provided an overview of that meeting, including the following.

- ⇒ The Committee reviewed the agenda of Joint Meeting with the Care Council 09/26/05.
- ⇒ The implementation of the Attendance Policy was also discussed.
- Steven Tierney noted that the Cooperative Agreement is due to the CDC.
 - ⇒ There will be a meeting to review the application in place of the regular Council meeting 09/07/05 from 3:00-4:30 PM; attendance is optional.
 - ⇒ Members will get a copy of the application by mail/email and the vote on the Council's opinion (concurrence/non-concurrence) letter will probably be in October.
- He added that the Committee began discussion of next year's priorities and committees.

5. Review Proposal to Steering Committee

Tom explained that it is the Co-Chair's sense that this Committee's lack of participation by members of some communities has lead to a lack of understanding of those groups' needs. The suggestion is for the Committee to issue a letter to the Steering Committee explaining the need for participation from members of all communities, particularly those not represented this year.

- Steve G noted that this is part of the Membership Committee's role.
- Vincent Fuqua suggested that these gaps in representation would be highlighted next year if such a letter were issued this year.
- Allison noted that the Membership Committee has indicated that it would like wider participation as PIR is not applied to the committee level
- Janetta Johnson said that she feels that the Attendance Policy sets up some communities to not be able to participate.

Motion was made and seconded to send a letter to the Steering Committee to ensure that committees have adequate representation. Discussion followed.

- Steve G said that while he thinks this is a good idea he suggested that the obstacles to full participation be explored, including the times meetings take place; as the current times are difficult for people to attend unless it is part of their employment.
 - ⇒ Frank suggested that the Committee also look at meetings' location.
- Raymond Banks suggested that certain communities' participation be monitored and reported.
- Janetta suggested that perhaps the Council should look at whether it has been as supportive as it could be to the Transgender community.
 - ⇒ She noted that there has a history of a lack of support of this group.
- Janetta's response to Joani Marinoff's request for specifics included the following.
 - ⇒ There needs to be more "cultural sensitivity;" including the particular challenges facing Transgender people.

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Substance Use and HIV Risk Action Minutes From Meeting: September 1, 2005

⇒ There is a history of Transgender members dropping out and/or not being able to attend all of the Council's activities.

- Janetta added that although regular attendance has been a personal struggle for her, she does it to support her community.
- She added that she doesn't really expect anything from her comments, but wanted members to be aware of her situation.
 - ⇒ She also noted that this Committee and the Council in general has been supportive to her, particularly Betty Chan Lew.
- Dave Hook suggested Committee's should have specific diversity training so that it can better understand each other.

The vote on the motion was by show of hands. The motion passed unanimously with no abstentions.

6. Summary of the committee goals and our progress

Allison provided an overview of the goals the Committee set at the beginning of the year, including the following.

- Goal 1: Define Substance Use - this was accomplished.
- Goal 2: Draft Visual Model - has not been accomplished.
- Goal 3: Review Funding and Determine Gaps - although the awards resulting from the RFP are now public, the details have not been tabulated by the grid of at risk populations.
- Goal 4: Make Recommendations to the Council - the objective of the next two meetings.

7. Looking at potential Gaps in the BRP structure of Prevention plan

Allison distributed the documents entitled, "*Substance Use Committee: BRP Information and Data by Population*," and, "*Draft Recommendations 9.1*," copies of both are available to absent members upon request. The first document references the 2004 Plan and highlights the populations discussed by the Committee. She noted that other Committees (including the PWP Committee) have also had difficulty identifying and discussing needs and gaps in services to populations not directly represented in their membership.

She explained that the second document is organized by "*Themes*" that are important to a lot of populations. The document attempts to convert the Committee's discussions from a population based to an issue based view. Discussion followed.

- Joani expressed confusion regarding the process adding that the Committee's discussions have been based of what the members are anecdotally aware of - or aware of due to their review of research literature - by population.
 - ⇒ Allison explained that making recommendations needn't be by populations and that the Committee could relate cross-currents that have impact in several BRPs.
- Frank expressed support of the approach and pointed out that page 1 and 2 cut across populations and 3 and 4 relates to BRPs.
- Steven T suggested consistency about the language used -- it shouldn't be "*Gay White Mex*" and "*African-American MSM*,"

It was agreed to consistently use the term "Gay/MSM" for all related groups.

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Substance Use and HIV Risk

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- John observed that when everything is prioritized, nothing gets priority.
 - ⇒ He pointed out those items on pages 1 and 2 use specific, action verbs, but that those on pages 3 and 4 use more expansive verbs that require unspecified resources and efforts.
- Steve G suggested that pages 1 and 2 seem to address the complexities of Substance Use and how they relate, whereas pages 3 and 4 lack detail.
- He proposed recommending that the Committee be continued next year, as its work is far from done.
- Steven T suggested the Committee review its recommendation as they relate to the three areas that the HPPC has direct impact on: Research, Resources, and Public Policy.
 - ⇒ He added that pages 1 & 2 of the draft are a good beginning of such a recommendation as it seems to distill hundreds of pages of discussion to two.
- Joani asked how BRPs relate to the recommendations, noting that there wasn't enough time to address this during this meeting, but that it needs to be discussed in the future.
- Tom asked if there is a way of prioritizing pages 1 and 2.
- Rather than the first topic be "*Sex after Meth*," it was suggested it read, "*Sex after Substances*," or "*Sex After Substance Use*" or, "*Sex in Sobriety*"
- That the third bullet point read, "*There needs to be a means to relearn socialization skills*," rather than "... *means to socialize outside of 12-step programs*."
- Support was expressed for SF taking a leadership role in promoting or conducting a conference regarding breaking the link between sex and Meth.
 - ⇒ It was noted that this might be particularly valuable as many recovery programs require abstinence.
- It was noted that Meth is the sex drug whereas Crack is about money.

The Committee proceeded to evaluate the first two topics on the Draft Recommendation via the HPPC's scope of impact. Discussion included the following.

Sex After Recovery

Research	Resources	Public Policy
It needs to be determined what, if any research has been done.	Need to have facilities / programs regarding sex without Substance Use.	Conference should be for providers and clients.
If sufficient research can't be identified, authorize such.	Reintroduce vibrant, healthy sex lives	Mental Health, STD, and HIV Prevention all need to relate
Explore the barriers to people changing behavior.	Socialization without / after cessation of Substance Use.	Promote jointly developing programs with the Department of Behavioral Services (DPS) for people in treatment programs. HIV prevention people have expertise in sexual behavior issues that may be lacking at the DBS.

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Research	Resources	Public Policy
		Work with DBS to develop curriculum and share resources on sexual behavior for people in treatment.
	Emotional support and a counseling approach to Substance Use services.	Investigate how to train prevention and substance abuse people on the others' areas of concern.
		Convene meeting to look at the link (de-linking) Meth and sex, including ways to best train professionals

Expand Mental Health Services

Research	Resources	Public Policy
Look at a holistic approach to Mental Health.	Sexual hang-ups (including stigma associated with sexual identities) apply to both HIV (+) and (-) people; and so services should be available for both.	Social acceptability of Substance Use.
Research on culturally competent counselors.	What does emotionally and a physically healthy sex life look like.	Address the acceptability of self-medication to deal with depression and self esteem issues.
Research on emotional (i.e. peer counseling) versus Psychiatric services.	Explore marketing approaches that expand on what Mental Health (including Substance treatment) services are, as many people do not identify as needing such.	
What is normal substance use?	Address that Depression impacts all people and the impact of self-medication.	
	Ensure there are providers with cultural competency to deal with at-risk populations.	

Other ideas can be sent to Allison by email.

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Substance Use and HIV Risk
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8. Next Steps

The discussion regarding the other items listed on the Draft Recommendations document will be continued at the next meeting.

9. Closure and Evaluation

The meeting adjourned at 5:32 PM.

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua, Tom Kennedy, and John Newmeyer.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 10/06/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

HIV PREVENTION PLANNING COUNCIL (HPPC) DOCUMENTS DEPT.
Substance Use and HIV Risk Committee
Thursday, October 6, 2005
4:00 – 5:30 p.m.
25 Van Ness Avenue, Room 330A
San Francisco

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| 1. Welcome and Announcements | 4:00-4:10 |
| 2. Public Comment | 4:10-4:20 |
| 3. Review and Approve Minutes from September 1
-follow up on the public comment from last meeting | 4:20-4:25 |
| 4. Report Back from Steering | 4:25-4:35 |
| 5. Review list of agencies that address substance use
(within HIV Prevention) | 4:35-4:45 |
| 6. Review Draft recommendations | 4:45-4:55 |
| 7. Prioritizing recommendations (possible vote) | 4:55-5:25 |
| 9. Closure and evaluation | 5:25-5:30 |

Next meeting will be November 3, 4:00 – 5:30 p.m.
25 Van Ness Avenue, Suite 330A

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk

Action Minutes From Meeting:

October 6, 2005

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Members Present: William Bland, Steven Gibson, Janetta Johnson, Tom Kennedy, Derrick Mapp, Joani Marinoff, Kevin Mosley, John Newmeyer, Gwen Smith, Frank Strona, Francis Salmeri, and Steven Tierney.

Members Absent: Dave Hook.

Guests: Michael Angelo.

Professional Staff: Vincent Fuqua (HPS), Clare Nolan (Harder & Co), and David Weinman (note taker).

1. Welcome and Announcements

Tom Kennedy called the meeting to order at 4:05 PM. He welcomed attendees and asked for announcements. None were offered.

2. Public Comment

Tom asked for comment on Hank Wilson's remarks during the Committee's 09/01/05 meeting.

- Joani Marinoff expressed her support of Hank's suggestion.
- Kevin Mosley noted that there was an article about Hank and Poppers (Alkyl, Amyl, or Butyl Nitrites, Nitrates) in the Bar Area Reporter newspaper.
- To refresh members' memory, Vincent Fuqua read aloud the part of the minutes pertaining to Hank's comments urging the Council to ask the SF District Attorney to enforce the statute regarding Point of Sale (POS) warnings on the use of Poppers.

Motion was made and seconded that the Committee recommend the Steering Committee issue a letter requesting the SF DA enforce POS warning laws regarding Poppers. Discussion followed.

- Steve Gibson said he would like to see the letter before voting on it.
- He added that the law might be difficult to enforce -- assuming there is, in fact, such a law.
- Gwen Smith, playing the Devil's Advocate, questioned if there were POS warnings in SF, couldn't Poppers be obtained outside of SF.
- Steven Tierney suggested tabling the motion pending members' review of the actual law.
- He added that, to the best of his recollection, the HPPC supported passage of the POS warning law.
- He pointed out a difficulty with the law is that that Nitrates/Nitrites aren't sold as Poppers, which are illegal in CA, but as VHS head cleaners and the like.
- Kevin suggested contacting Hank to let him know that action is being taken.
 - ⇒ Tom offered to make that contact.
- William Bland proposed asking the DA's office why the law isn't being enforced.
 - ⇒ Steven T speculated that the DA's office would assert that it is enforcing the law.

Motion was made and seconded to table this until the Committee 11/03/05 meeting when members could review of the law. There was no further discussion. The motion was accepted.

3. Review and Approve Minutes from September 1

Motion was made and seconded to accept the minutes from the 09/01/05 meeting. No comments, changes, or objections were raised. The minutes were approved.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Action Minutes From Meeting: October 6, 2005

4. Report Back from Steering

Vincent Fuqua provided an overview of that meeting, including that the Committee discussed:

- ⇒ The joint Councils meeting (09/26/05);
- ⇒ The Attendance Policy; and
- ⇒ A potential tardy policy, which was referred to the Membership Committee for review.
- Joani noted that the next Council meeting (11/10/05) is scheduled for Yom Kippur and expressed concern about handling this visa via the current Attendance Policy.
 - ⇒ She would like this to be discussed / considered by the Steering Committee.
 - ⇒ William suggested noting potential absences at the beginning of each year.
 - ⇒ David Weinman noted that part of the Committee's discussion included the potential need to amend the Attendance Policy for similar issues.

5. Review list of agencies that address substance use

Vincent provided a list of agencies with headings reading, "*Agency, Population, Substance, Intervention*," copies of which are available to absent members upon request. He pointed out that not all of the agencies have been certified as yet.

- William noted that the SFAF is funded to do HERR with MSM regarding Meth.
 - ⇒ Clare and Vincent pointed out that the numbers at the top are preliminary tallies.
- In response to Francis Salmeri's question Frank Strona explained that at Walden House, and several other agencies, Transgender people are served as MSM if they identify as men.

6. Review Draft recommendations

Tom distributed the document entitled, "*Recommendations: Final Draft*" copies of which are available to absent members upon request. The proposals were reviewed line by line, including the following comments (by bullet points).

Address "sex after substances"

Policy

- *Convene a mental health conference in SF...*
 - ⇒ Several members expressed concern with the conference being solely about mental health, and suggested using the term, "*multi-disciplinary*" instead.
 - ⇒ Joani and Steve G expressed agreement with David Hook's written recommendation about the wording "*breaking the link*" and suggested alternatives.
 - ⇒ Steve G suggested adding "*connection between substances, sex, and HIV risk.*"
 - ⇒ Tom suggested something such as "*regaining one's sexuality after cessation of substance use.*"
 - ⇒ Janetta Johnson noted that, at least in the Transgender community, the addiction often has gone beyond sexual dysfunction to severe mental incapacity.
 - ⇒ Steven T suggested convening a conference looking at the connection between substance use, sex, mental health, and HIV; adding that the conference be particularly focused on innovative approaches/interventions, and best practices.
 - ⇒ There was general agreement that this proposal be reworked/reworded as discussed.
- *Design a training certification for providers...*

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- ⇒ Joani noted that City College would most likely be willing/happy to be involved in/conduct any such certification.
- ⇒ Kevin suggested the proposal read, "*Design and implement...*"
- ⇒ Frank suggested that training should include paraprofessionals.
 - Joani observed that at City College if the training were given without credit it would include paraprofessionals.
- ⇒ Janetta asked if this could include Harm Reduction.
 - Steven T explained that everything funded by the SF-DPH must include a Harm Reduction component.
- *...Share HIV prevention resources and strategies with treatment service providers*
 - ⇒ William suggested this be a two-way sharing.
 - ⇒ Gwen suggested medical providers be included in having access to these resources.

Research

- *Examine the role of substance use in various sub-cultures...*{No comments were offered.}
- *Explore ways to take drug use out of social situations, without taking the fun out*
 - ⇒ Frank said he is unclear on the use of the word, "*Explore*."
 - ⇒ Steve G questioned how this fits into a research agenda.
 - ⇒ Steven T pointed out that in another social environment night basketball has proven to reduce violence among youth.
 - He suggested formative research to identify alternatives to the cocktail hour, or the use of substances.
 - ⇒ Derrick Mapp suggested changing the point's wording to, "*Explore interventions, or best practices...*" and "*substance*" rather than "*drug*" use.
 - ⇒ Janetta suggested compiling list of places to go/things to do that don't involve substance use.
- *Examine methods to best train providers to understand the connection...*
 - ⇒ It was suggested this be combined with the second point under Policy.

Resources

- *Support aftercare services, particularly access to mental health services...*
 - ⇒ William suggested adding "*expand and support*."
- *Design programs that address ... a healthy, vibrant sex life after substance use*
 - ⇒ Joani suggested this be included in the second point under Research.
 - ⇒ Janetta suggested that "*after substance use*," sounds juvenile and should be reworded.
 - ⇒ Clare explained that the headlines and section headings were included on the document for clarity, that the individual bullet points could be reworded to include those topics.
 - ⇒ Tom suggested that this bullet point is specifically about ensuring facilities are available to people coming out of treatment, or after cessation of substance use.
 - ⇒ Steven T noted that sex is an important part of people's lives, adding that many people haven't had sex without being "loaded" in years.
 - ⇒ He suggested this point be about retraining people on having healthy sex as well as having a full life without the use of substances.
 - ⇒ Derrick added that this should be about having sex, and a social life without relapsing.

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- ...*Training materials and support for service providers...*
 - ⇒ Kevin suggested including this with the second point under Policy.
 - ⇒ William suggested encouraging treatment programs' inclusion of information about sexual behavior.
 - ⇒ He also suggested providing information about sexual risk at needle exchange sites.
 - ⇒ Derrick said that HIV prevention should be addressed directly when providers talk about healthy sexual life without the use of substance.

Motion was made and seconded to include in the list that 'Substance use treatment providers include information about sexual health and HIV risk.'

- ⇒ Joani said that currently this isn't in the training for certification.
 - Steven T noted that there are such State requirements for certification.
- ⇒ Steven T noted that the HPPC could suggest that all DPH funded training include intervention about sex and HIV risk.

No objections were raised. The motion was approved.

Motion was made and seconded to include in the list that 'Programs conducting needle exchange provide information about sexual health and HIV risk.'

- ⇒ Francis suggested adding Testing sites.
- ⇒ The amendment was accepted as friendly.

No objections were raised. The motion was approved.

Expand Mental Health Services

Policy

- *Require a mental health assessment for all clients seeking substance use services*
 - ⇒ Steven G expressed concern that not all of the service providers are qualified to do mental health assessments.
 - ⇒ It was noted that the intent is to marry mental health and substance use services.
 - ⇒ Janetta noted that from her experience this requirement isn't necessary in the initial assessment, as such issues become apparent in time.
 - ⇒ She proposed that rather than requiring mental health assessments they be suggested.

Research

- *Study the effect of long term substance use...* {No comments were offered.}
- *Examine link between mental disorders ... and substance use* {No comments were offered.}

Resources

- *Increase access to mental health services ... HIV- individuals* {No comments were offered}
- *Offer targeted mental health services to address... guilt, shame, etc. (for HIV+ people).*
 - ⇒ Joani said that the intent of this point is to deal with internalized homophobia but suggested that the scope be broader than just HIV (+) people.
 - ⇒ Steve G suggested combining the first two points in this subsection.
 - ⇒ Tom noted that substance users often have very specific, and dangerous, responses to the discovery of their seroconversion.

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- ⇒ Steven T noted that this proposal goes beyond increasing 'access' to 'offering' and noted traditional resistance to offering mental health services due to its cost.
 - He highlighted that providing services to everyone who feels shame and guilt could be very costly.
 - He pointed out that this would also be a weighty change in policy.
- ⇒ Clare suggested keeping HIV (-) and (+) separate and considering 'offering' or 'increasing access' to mental health for both.
- ⇒ Steven T noted that there are four options.

It was moved and seconded to include both HIV (-) and (+) in the first point [increasing access] and that the second point [offering services to HIV (+)] remain unchanged.

- ⇒ Joani said that HIV (-) could benefit from mental health services.
- ⇒ Francis suggested that there are more mental health services to HIV (+) and the proposal could be to increase access for HIV (-) people.
- ⇒ Kevin asked how this relates to payment and insurance.
- ⇒ Steven T observed that 'access' may be merely providing lists of providers.
- *Increase capacity of counselors to help clients ...*
 - ⇒ It was agreed to change it to "increase training"

Utilize Social Marketing Strategies

Policy

- Require a mental health assessment for all clients ... {No comments were offered.}

Research

- ...*Social Marketing campaign for individuals who think of themselves as normal drinkers...*
 - ⇒ Kevin objected to the use of the word "normal" and suggested, "people who use alcohol and are having difficulty/trouble."
- *Develop a Social Marketing campaign centered on the question "If meth (sic) didn't exist..."*
 - ⇒ Tom expressed concern with suggesting campaign slogans, and proposed the Committee would do better to recommend topic(s).
 - ⇒ William suggested addressing community norms that support substance use in conjunction with sex.
 - ⇒ William also suggested proposing a social marketing campaign based on people who use substances but don't identify as addicts, and addressed to those who might not be aware that their substance use is, or may become, problematic.

Ensure culturally competent services for diverse populations

Policy

- ...*Allow for sexual activity in residential treatment*
 - ⇒ In response to Kevin's question, Steve G explained that many treatment programs kick people out for having sex.

Research

- ...*(Increase) the number of people of color working in substance use and HIV prevention...*
{No comments were offered.}

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Resources

- *Provide substance use services where people live and work...* {No comments were offered.}
- *Compile a list of non HIV-phobic substance use treatment options...*
 - ⇒ In response to questions about how to determine which programs are HIV-phobic Steven T noted that some programs ask clients to rate referring agencies.
- *Increase capacity ... in languages other than English, particularly in Spanish*
 - ⇒ Derrick suggested adding Russian.
 - ⇒ Joani suggested just taking out "*particularly in Spanish.*"
 - ⇒ William suggested adding things that are specific for woman and other at-risk groups

Next Steps

- *...Substance use's impact on seroconversion* {No comments were offered.}
- *Collaborate with SFDPH drug treatment program* {No comments were offered.}
- *Patients (sic) Bill of Rights*
 - ⇒ Kevin asked which patients.
- *Create distinctions within IDU BRPs ...*
 - ⇒ It was noted that there are sexual risks associated with non-injection drug use.

Motion was made and seconded to propose to the Council that this Committee be continued next year. No objections were raised. The motion was accepted.

7. Prioritizing recommendations

Tom pointed out that the whole of what has been proposed would be too much for the Committee to recommend to the Council. He explained that his idea, therefore, was to have members vote to prioritize the proposals as laid out in the bullet points...

- Steve G observed that the discussion had gone beyond word-smiting into substantive issues and that he would not, therefore, be comfortable voting at this meeting.
- Vincent suggested that although there is another meeting before its presentation, the Committee should review and vote on priorities by way of email.
 - ⇒ He added that the proposals would be sent out over the next couple of weeks.

8. Closure and Evaluation

The meeting adjourned at 5:27 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 11/03/05
FROM 4:00 PM TO 5:30 PM - 25 VAN NESS AVE., SUITE 330A*

Minutes were prepared by David Weinman and reviewed by Vincent Fuqua, Tom Kennedy and Clare Nolan.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Substance Use and HIV Risk Committee

Thursday, November 3, 2005

4:00 – 5:30 p.m.

25 Van Ness Avenue, Room 330A

San Francisco

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AGENDA

- | | |
|---|-----------|
| 1. Welcome and Announcements | 4:00-4:10 |
| 2. Public Comment | 4:10-4:20 |
| 3. Review and Approve Minutes from October 6 | 4:20-4:25 |
| 4. Report Back from Steering | 4:25-4:35 |
| 5. Review tally of votes on recommendations (possible vote) | 4:35-4:45 |
| 6. Refine Final recommendations (possible vote) | 4:45-4:55 |
| 7. Prepare for presentation (possible vote) | 4:55-5:25 |
| 9. Closure and evaluation | 5:25-5:30 |

**Next meeting will be December 1, 4:00 – 5:30 p.m.
25 Van Ness Avenue, Suite 330A**

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Members Present: Janetta Johnson, Tom Kennedy, Joani Marinoff, Kevin Mosley, John Newmeyer, and Francis Salmeri

Members Absent: Derrick Mapp, Frank Strona, Steven Gibson, Steve Tierney,

Guests: No guests

Professional Staff: Vincent Fuqua (HPS), Clare Nolan (Harder & Co), and Aimee F. Crisostomo (Harder & Co note taker).

1. Welcome and Announcements

Tom Kennedy called the meeting to order at 4:00 PM. He welcomed attendees and asked for announcements. None were offered.

2. Public Comment

Tom asked for any public comments. None were offered.

3. Review and Approve Minutes from October 6

Motion was made and seconded to accept the minutes from the 10/06/05 meeting. No comments, changes, or objections were raised. The minutes were approved.

4. Report Back from Steering

John Newmeyer provided an overview of the last Steering Committee meeting during which the following were discussed:

- ⇒ Contemplation of a new meeting spot instead of Mayor's conference room. The HPS staff will be looking at the State bldg. at Van Ness and Golden Gate to hold the council meeting.
- ⇒ New member orientation is on Tues. Nov. 8 from 12-3. More mentors are needed. We only have 7 of the 14 mentors needed to orient the new members. Vincent Fuqua explained that it would be great to have a mentor for every new member, but this is not possible this year. Everyone is welcome to attend the orientation, but it is not required.
- ⇒ Prevention for Positives will be presenting next week along with this committee.
- ⇒ A \$7 million program cut at CDC next year will occur, but do know what the effect will be and how these cuts will be appropriated at the state level.
- ⇒ Consensus Group, which met in 1997 and 2001, is again functioning and expects to get an estimate of HIV sero-conversion for this year.

Tom inquired whether the group's questions about the attendance clause were addressed.

- ⇒ Vincent responded that attendance questions were not addressed at this meeting and that this issue will be taken to Membership/CLC committee who will look at attendance policies.

Vincent announced that new committees for next year were discussed at this meeting and explained that he, Tracy Packer, Eileen Loughran, and Lisa Reyes will be writing up a SOW for these new committees. By end of this month, they will have a better idea of which new committees will be brought forward to the Council.

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- ⇒ Vincent explained that although Substance Use wants to continue next year, it is not guaranteed that the Council will vote to do so.
- ⇒ Vincent explained how new committees are decided: Co-chairs come up with proposals for new committees which are reviewed by the Steering Committee and then brought to the Council.
- ⇒ In response to an inquiry by Tom, Vincent explained that the Council does take into consideration the presentations that committees make and suggested that the group may put forth a recommendation to continue next year.
- ⇒ Vincent noted that the co-chairs, steering committee and HPS staff is aware that some of this year's committees may want to continue next year. Because this cannot be guaranteed, he explained that the co-chairs, steering and HPS staff would like to find a way to integrate issues brought forth by this year's committees, into the work of next year's committees so that they will continue to be addressed.

Tom asked the group whether the committee would like to meet again next month. He explained that the committee is not required to meet after their presentation to the Council next week.

- ⇒ Motion was made and seconded to not meet in December.
- ⇒ Vincent noted that the committee may have to correspond via e-mail if the Council comes back with any comments or changes after the committee's presentation. The group agreed and motion was accepted.
- ⇒ Tom thanked the committee for opportunity to be co-chair.

5. Review tally of votes on recommendations

Tom distributed the document entitled, *"Draft Substance Use Committee Recommendations Vote Tally"* which lists all of the recommendations and the number of votes each received.

Recommendations that received 5 or more votes were highlighted in the document.

- Tom reviewed the committee's tasks: 1) Decide how many recommendations to present to the Council, and 2) Refine the language in the recommendations that are adopted
- Joani requested to make a statement for the record: Joani stated that she was disappointed that the recommendation, "Increase capacity of mental health and substance use services to provide services in languages other than English" [Culturally Appropriate Services Recommendation #5], did not get more support. Joani posed that if the committee's composition had been different, there may have been more advocates for the recommendation and it may have gotten more support. She noted that the committee has talked previously about their membership as not being representative, especially of persons who receive services in languages other than English. Currently I am not aware of any of the committee members who speak another language besides English. Knowing the importance of culturally appropriate and linguistically appropriate services has been discussed among providers in other venues, she felt dismayed that it did not get more votes. Also, she speculated that it may be difficult for the HPPC to figure out how to implement this recommendation except to pass it on to behavioral health because of the way it is worded; *"mental health and substance use services"* are not under the purview of HIV Health Services.

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- ⇒ Further discussion regarding the wording of this recommendation as well as Culturally Appropriate Services Recommendation #6 which received more votes (8). Dave Hook explained that he voted for #6, taking the term "culturally specific" to be an umbrella term for all cultures/groups and related issues including language. A suggestion was made to merge these two recommendations.
- ⇒ Vincent explained that he can still bring up recommendations that do not make today's cut to present to council, to the HPS staff.
- ⇒ Joani said that she was happy with just making her statement and with it being taking to the HPS staff.
- Tom asked for other comments/statements including comments regarding the recommendations that received less than 5 votes.
 - ⇒ Kevin commented that he thought Social Marketing Recommendation #4 is under purview of Prevention. He explained that addressing substance use helps to address HIV as well as other health problems.
 - ⇒ Kevin made a comment regarding Sex and Substance Use Recommendation #8 and the importance of relapse prevention.
 - ⇒ Joani commented regarding Culturally Appropriate Services Recommendation #2: Epidemiology data shows that majority of people in the city with HIV are white gay men and that AA and Latino men are underrepresented.
 - ⇒ Tom responded that while the majority of people with HIV are white gay men, prevention is still conducted among AA and Latino men.
 - ⇒ No other general comments.

Tom commenced discussion regarding how many recommendations to present to the Council.

- There were a total of 9 recommendations that received 5 votes or more. Tom stated that 9 recommendations may be too many for actual follow-through and suggested that the committee adopt and present the 5 recommendations that received 7 or 8 votes.
 - ⇒ John suggested that some of the recommendations may be combined. Vincent noted, however, that separate recommendations are more specific and detailed and may be easier for the Council to understand.
 - ⇒ Janetta proposed combining Recommendations #1 and #2 under Sex and Substance Use. Francis proposed combining Mental Health and Substance Use Rec. #4 and Culturally Appropriate Services Rec. #6.
 - ⇒ The group agreed that it is not necessary to combine any of the recommendations.

Tom redirected the discussion to deciding how many recommendations will be made to the Council.

- Tom gave an argument that fewer recommendations (5) may result in a bigger impact.
 - ⇒ Joani agreed with presenting the 5 recommendations that received 7 or 8 votes, as long as a statement can be made that they would like the Substance Use committee to reconvene next year.
 - Tom informed that the committee can add a final recommendation in the presentation to the Council for the Substance Use committee to reconvene in 2006.

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- Clare noted that there is general agreement about continuing and reconvening as a Substance Use committee.
- Vincent clarified that while the Council may vote to reconvene the Substance Use committee, membership may be different for next year. HPPC members will have an opportunity in January to choose which committee to join.
- ⇒ Francis stated that he liked the recommendations that received 6 votes as well, but that he wants the recommendations to be effective and have a strong impact. Thus, he also agreed with making 5 recommendations.
- ⇒ The group agreed unanimously to present the top 5 recommendations to the Council.
- Discussion ensued about what will happen to the rest of the recommendations from the committee.
 - ⇒ Tom explained that the entire document listing all the Substance Use committee's recommendations will be a matter of public record.
 - ⇒ Vincent will bring up these recommendations to the HPS staff as stated previously, regarding the recommendations that are important to individual committee members, but will not be presented to the Council. Vincent noted that he cannot guarantee the action that may be taken in regards to these recommendations, but can encourage staff to think about them in the future.
 - ⇒ Joani reiterated the importance of making HPS staff aware of these recommendations especially Culturally Appropriate Services Recommendation #4 and concerns with the lack of representation in committee membership of persons that are directly affected by this issue [in particular, of linguistically appropriate services].
 - ⇒ Joani also stated that she would like the Substance Use Committee to reconvene in 2006 as stated in the document's *Next Step Recommendations* (which received 5 votes). She expressed that she feels very strongly about this recommendation and the role of the committee in addressing issues such as those related to increasing substance use into the BRPs in a more meaningful way other than solely within IDU BRPs.
 - ⇒ Vincent suggested conducting a public vote on the entire document of the committee's recommendations. Clare clarified that the committee, as a vote, can state that these are the final set of recommendations that we came up with and we stand behind them. The committee supports all of these recommendations even though not all will be going to the Council and recommends that HPS take them into account when doing their work.
 - ⇒ Motion was made and seconded to adopt the document containing all the recommendations made by the committee.

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6. Refine Final recommendations

Sex and Substance Use Recommendations

Policy

- *Convene a multi-disciplinary conference in SF...*
 - ⇒ Francis suggested using the term "summit of best practices" instead of "multi-disciplinary conference".
 - ⇒ Joani and John agreed with the term "summit".
 - ⇒ Motion was made and seconded to revise the language in the recommendation as follows:

Recommendation #1: *Convene a multidisciplinary summit in San Francisco that examines innovative strategies and best practices for addressing the links between substance use, sex, mental health, and HIV transmission.*

- *Design a training curriculum and materials...*
 - ⇒ Joani suggested deleting the phrase "...to become more affective at responding to these issues when working with clients" because this is already implied and makes the statement too wordy.
 - ⇒ Motion was made and seconded to revise the recommendation to read as follows:

Recommendation #2: *Design a training curriculum and materials and implement a training certification program for providers to understand the connections between substance use, sex, mental health and HIV transmission.*

- *All DPH-funded substance use programs should include interventions...*
 - ⇒ No comments were offered; no changes made to this recommendation.
 - ⇒ This recommendation will read as follows:

Recommendation #3: *All DPH-funded substance use programs should include interventions that address the co-occurrence of sex and substance use.*

Social Marketing Recommendations

Resources

- *Develop a social marketing campaign to address community norms...*
 - ⇒ Janetia suggested inserting the phrase "all languages". Joani offered the term "multilingual". The group agreed.
 - ⇒ The group discussed what the term "community norms" relate to.

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- Joani asked for clarification: Are we trying to address a community norm that supports sex and substance use or are we trying to create a *new* community norm that addresses the use of substances and sex in a healthy way?
- Kevin also wondered which community norms are being addressed - whether the purpose of the social marketing campaign is to *break* the community norm of the co-occurrence of sex and substance use.
- Tom agreed with this and proposed adding the term "*co-occurrence*", but Dave disagreed. He expressed concern with a social marketing campaign that may not reach a community whose norm, for example is to go out and party, such as certain gay white male communities (i.e. engages in substance use and sex). Dave envisions a social marketing campaign that does not criticize these community norms but encourages positive change in that community.
- The group agreed that they do not want a social marketing campaign that solely gives the message not to do drugs, but rather, one that supports people who engage in substance use and sex while also encouraging change.
- The group offered several terms to describe types of community norms and how a social marketing campaign would address them: "...to improve community norms...", "...to shift...", "...to create healthier community norms...", "...to cultivate healthy community norms...", "...to support healthy community norms..."
- Kevin commented that the word "*healthy/healthier*" seemed judgmental; Janetta liked the word "*cultivate*" because it implies change and that people are involved. Tom, however, objected to the word "*cultivate*" - it is very specific and drives the social marketing campaign towards a certain direction.
- Joani suggested that the recommendation lacks a harm reduction concept and other members agreed. Janetta suggested adding the phrase "*harm reduction*" or "*risk reduction*". Joani commented that because DPH has a harm reduction policy, she prefers adding the phrase "*harm reduction*".
- Tom reminded the group that several members who voted on this recommendation at the last meeting are not present and that he would not want to shift the language too much.
- Motion was made and seconded to vote between adding the phrases "harm reduction" vs. "risk reduction" and the words "cultivate healthy" vs. "address"
- 5 members voted for the addition of "harm reduction" to the recommendation and 3 voted for "risk reduction".
- The group was split even between "cultivate healthy" (4) and "address" (4). Clare suggested members who feel strongly about one or the other to make an argument.
- John stated that "cultivate" inspires people who are involved; it is more vibrant. Janetta added that "cultivate" implies that people have an opportunity to participate. Joani commented that "cultivate" captures a positive campaign that does not scare people negatively; a positive campaign with a harm reduction message helps to cultivate a healthy community norm around the co-occurrence of sex and substance use.

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- Dave stated that he liked Tom's explanation that "cultivate" drives the campaign towards a specific mandate, while "address" allows the campaign to go in different directions.
- The group had a second vote. "Cultivate healthy" got 5 votes while "address" got 3 votes. The group also voted on the recommendation with the edited language. It passed as follows with one objection (Tom):

Recommendation #4: Develop a harm reduction-based social marketing campaign to cultivate healthy community norms regarding the co-occurrence of substance use and sex.

Culturally Appropriate Services Recommendations

Resources

- *Provide culturally specific substance use programs...*
 - ⇒ The group discussed the addition of other groups in addition to women, youth, TG, and MSM, which Kevin commented was too limiting. Joani offered suggestions such as adding words like "underserved", "underrepresented", and "special".
 - Vincent suggested reference to the BRP structure.
 - Joani stated that these groups are highlighted in the recommendation because the general substance use service community is overwhelmingly directed at men. Generalizing the recommendation would dilute the need for specific services directed at these groups.
 - In response to Kevin's questions, these 4 groups are identified as having needs not met through mainstream programs.
 - Clare suggested adding the word "under-served" before populations to capture the fact that there may be other groups that would benefit from culturally specific substance use programs.
 - Joani motions to adopt the recommendation with this addition and Joan seconds.
 - The recommendation will read as follows:

Recommendation #5: Provide culturally specific substance use programs for under-served populations such as women, youth, transgender, MSM.

7. Prepare for presentation

- ⇒ Tom distributed copies of the committee's PowerPoint presentation and informed the group that it will be revised to reflect the revised recommendations adopted today.
- ⇒ Vincent announced that the co-chairs will be conducting the presentation to the Council on 11/10 and asked whether other members of the committee are interested in participating. No one volunteered.
- ⇒ Tom requested Harder & Co. to provide handouts for the presentation.

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- ⇒ John added that he will go over the recommendations during the presentation including the recommendation for the Substance Use Committee to continue in 2006.
- ⇒ Motion was made and seconded to accept the PowerPoint presentation.
- ⇒ Vincent announced that the Substance Use Committee is presenting between 4-5 pm and that there will be opportunity after the presentation for Q&A.

8. Closure and Evaluation

The meeting adjourned at 5:30 PM.

THERE IS NO MEETING SCHEDULED FOR THE MONTH OF DECEMBER. COMMITTEE CO-CHAIRS ARE SCHEDULED TO PRESENT TO THE COUNCIL ON THURSDAY, NOVEMBER 10.

Minutes were prepared by Aimee F. Crisostomo and reviewed by Vincent Fuqua, Tom Kennedy and Clare Nolan.

